

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000006952 (3)**

1. Corporation Name

W.R.A. BROADCASTING, INC.

Principal Place of Business

**300 ARVIDA PKWY
CORAL GABLES FL 33156
US**

Mailing Address

**300 ARVIDA PKWY
CORAL GABLES FL 33156
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1994

4. FEI Number

65-0537943

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **11300 NW 87th Ave**
Suite, Apt. #, etc.

22 **Highland Gardens FL**
City & State

23 **33018**
Zip

Country **U.S.**

2a. Mailing Address

26 **Same**
Suite, Apt. #, etc.

27 **Highland Gardens FL**
City & State

28 **33018**
Zip

Country

9. Name and Address of Current Registered Agent

**ORTEGA, JOSE A
300 ARVIDA PKWY
CORAL GABLES FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Agent or person in charge of registered agent (must be filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ORTEGA, JOSE A**
STREET ADDRESS **300 ARVIDA PARKWAY**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **T** ☐ DELETE

NAME **ORTEGA, LUCILA G**
STREET ADDRESS **300 ARVIDA PKWY**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VP** ☐ DELETE

NAME **ORTEGA JOSE A JR.**
STREET ADDRESS **700 CAMPANA**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

2/2/98 (305) 822-0990

CR2E034 (1097)