FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24 1996 8:00 am
Secretary of State

DOCUMENT # P94000021554

1. Corporation Name

VIVA ACQUISITION CORPORATION

Principal Place of Business
1645 N. Vine Street
2nd Floor
Hollywood, CA 90028

Mailing Address

3. Date Incorporated or Qualified	3a. Date of Last Report
3/21/94	8/23/95

4. FEI Number 65-0477686 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6767 West Tropicana Ave	26 6767 WCst Tropicana Ave
Suite, Apt. #, etc 22 c/o Heftel Broadcasting	Suite, Apt. #, etc 27 c/o Heftel Broadcasting
City & State 23 Las Vegas, NV	City & State 28 Las Vegas, NV
Zip 24 89103 Country 25 USA	Zip 29 89103 Country 30 USA

9. **Name and Address of Current Registered Agent**

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HEFTEL, CECIL		1.2 NAME	
STREET ADDRESS	1645 N. Vine Str., Suite 200		1.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	~~Hollywood, CA 90028~~		1.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PARMER, CARL		2.2 NAME	
STREET ADDRESS	1645 N. Vine Str., Suite 200		2.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	~~Hollywood, CA 90028~~		2.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HEFTEL, RICHARD		3.2 NAME	
STREET ADDRESS	1645 N. Vine Str, Suite 200		3.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	~~Hollywood, CA 90028~~		3.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE	D	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LIQUIDO-HEFTEL, SUSAN		4.2 NAME	
STREET ADDRESS	1414A Mel Manu		4.3 STREET ADDRESS	
CITY-ST-ZIP	Hilo, HI 96720		4.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	KENDRICK, JOHN T.		5.2 NAME	
STREET ADDRESS	1645 N. Vine Str, Suite 200		5.3 STREET ADDRESS	6767 West Tropicana Avenue
CITY-ST-ZIP	~~Hollywood, FL 90028~~		5.4 CITY-ST-ZIP	Las Vegas, NV 89103
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	200001874242
STREET ADDRESS			6.3 STREET ADDRESS	-06/25/96--01005--044
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***450.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 attachment with an address.

SIGNATURE: John Kendrick John KENDRICK 6/11/96 702 284 6446 6/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)