

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

**FILED**

**May 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000031270 (9)**

1. Corporation Name  
**WALLES TV NEWS AND VIDEO PRODUCTIONS, INC.**



Principal Place of Business: **19311 NORTH WEST 52ND COURT MIAMI FL 33055**  
Mailing Address: **19311 NORTH WEST 52ND COURT MIAMI FL 33055-1640**

3. Date Incorporated or Qualified: **04/22/1994**  
3a. Date of Last Report: **08/09/1996**

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

4. FEI Number: **65-0486837**  
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

9. Name and Address of Current Registered Agent  
**WALLES, CARLOS  
19311 NORTH WEST 52ND COURT, #1  
MIAMI FL 33055**

10. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
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: \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WALLES, CARLOS	1.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19311 NORTH WEST 52ND COURT, #1	1.2 N	
STREET ADDRESS	MIAMI FL 33055	1.3 ST ADDRESS	
CITY- ST- ZIP		1.4 CST- ZIP	
TITLE	VPD WALLES, MARINA	2.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19311 NORTH WEST 52ND COURT, #1	2.2 N	
STREET ADDRESS	MIAMI FL 33055	2.3 ST ADDRESS	
CITY- ST- ZIP		2.4 CST- ZIP	
TITLE		3.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 N	
STREET ADDRESS		3.3 ST ADDRESS	
CITY- ST- ZIP		3.4 CST- ZIP	
TITLE		4.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 N	
STREET ADDRESS		4.3 ST ADDRESS	
CITY- ST- ZIP		4.4 CST- ZIP	
TITLE		5.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 N	
STREET ADDRESS		5.3 ST ADDRESS	
CITY- ST- ZIP		5.4 CST- ZIP	
TITLE		6.1 T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 N	
STREET ADDRESS		6.3 ST ADDRESS	
CITY- ST- ZIP		6.4 CST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the option stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 file 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 attached page with an address.

SIGNATURE: *Carlos A. Waller* 4-28-97 305-621-6777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)