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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400066221**1. Corporation Name

SKYWAVE BROADCASTING CORPORATION

Principal Place of Business	Mailing Address		
6400 S. W. 93RD AVENUE MIAMI FL 33173	6400 S. W. 93RD AVENUE MIAMI FL 33173		

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90065 033 ***150.00



District Dis-	(D. classes	Mailing Address						TÅ DET DE STATE FOR TILDE JED	
6400 S. W. 93R MIAMI FL 3317		6400 S. W. 93RD AVENUE MIAMI FL 33173			DO NOT WRITE IN 1	'HIS SDACE			
					•	3. Date Incorporated or Qualifed	HIS STACE		
						09/06/1994			
Discuss D	I	2a, Mailing Address	Agiling Address			4. FEI Number Applied For			
— <u> </u>	lace of Business					65-0524315		Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State						\$8.75 Ad			
						5. Certificate of Status Desired Fee Required			
-		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry	.,	8. This corporation owes the current year	r Intangible		
24	25	29	30			Personal Property Tax.	∐Yes	□No	
	9. Name and Address of Curren	11	11	\Box		10. Name and Address of New Registe	red Agent		
	3			81	Name	131			
ONO	OZ, OSVALDO			02	Charat Add	rose (B.O. Boy Number is Not Acceptable)			
6400) S. W. 93RD AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	1		
MIAN	WI FL 33173			83		1000年期7月2日4日	1. 3		
							1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				84	City	,	FI 85	Zip Code	
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites the a	bove	-named corr	poration submits this statement for the purpos	e of changin	g its registered	
	egistered agent, or but in the state im familiar with any accept the obliga	ntions of, Section 607.0505,	orida Stat	utes.	·	poration submits this statement for the purpos on's board of directors. I hereby accept the a	10/5	g	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered	Agent	signature require	ed when reinstating)	E /		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	D	- ☑ DELETE	1.1 TI	TLE			Cha	nge 🗌 Addit	
NAME	ONOZ, OSVALDO JUAN		1.2 N	AME				: .	
STREET ADDRESS	6400 S. W. 93RD AVENUE		1.3 \$7	TREET.	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		1.4 CI	TY-ST	-ZIP				
TITLE	D	☐ DELETE	2.1 TI	TLE			☐ Cha	nge 📋 Addit	
NAME	CEPERO, TEODOSIO		2.2 N	AME					
STREET ADDRESS	6400 S. W. 93RD AVENUE		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		2.40	HY-ST	T-ZIP			<u> </u>	
TITLE . ,	.D .	☐ DELETE	3.1 Ti	TLE .			, 🔲 Cha	nge 🔲 Addit	
NAME	ONOZ, TERESITA		3.2 N	AME			٠.		
STREET ADDRESS	ALCO O MI CODO ALICANIE		3.3 S	TREET	ADDRESS		19-30 c.* 5 2	energy program	
CITY-ST-ZIP	MIAMI FL 33173		3.4. C	ITY-S1	r-ZIP		0	1.3	
TITLE	D	☐ DELETE	4.1 TI	MLE		Fr. Co.	; Cha	nge 🦥 🐪 🔲 Addit	
NAME	CEPERO, ANA MARIE		4. 2 N	IAME					
STREET ADDRESS	ALCO O WE CORD AVENUE		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		4.4 C	ITY-ST	ZIP			<u>.</u>	
TITLE		.☐ DELETÉ	5.1 TI		•		☐ Cha	nge	
NAME	1		5.2 N	AME	1				
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	÷ ·		5.4 C	ITY ST	-ZIP				
TITLE	3	☐ DELETE	6.1 T	MLE			☐ Cha	nge 🗌 Addit	
NAME			6.2 N	AME					
STREET ADDRESS	, ,		6.3 S	TREET	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 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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: