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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000018733 (2)

1. Corporation Name

UNIVISION BUSINESS CENTER, INC.



Principal Place of Business

7921 NE 2ND AVE  
MIAMI FL 33138

Mailing Address

7921 NE 2ND AVE  
MIAMI FL 33138-4401

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

08/09/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONDESTIN, USIE  
13455 NE 10TH AVE, 410  
N MIAMI FL 33161

81 Name

DAVID HILAIRE

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

826 NW 116th TER

83

84 City

MIAMI, FL 33168 FL

85 Zip Code

33168

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]*  
Signature (typed, printed name of registered agent and title if applicable)

DAVID HILAIRE PRESIDENT 3/28/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME MONDESTIN, USIE  
STREET ADDRESS 13455 NE 10 AVE, 410  
CITY-ST-ZIP N MIAMI FL 33161

1.1 TITLE DIRECTOR ☐ Change ☒ Addition  
1.2 NAME SALNAVE ESCARMENT  
1.3 STREET ADDRESS 140 N.E. 77th ST.  
1.4 CITY-ST-ZIP MIAMI, FL 33138

TITLE D ☐ DELETE  
NAME HILAIRE, DAVID  
STREET ADDRESS 826 NW 116TH TER  
CITY-ST-ZIP MIAMI FL 33168

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HILAIRE 3/17/97 (305) 751-3378  
Date Daytime Phone #

CR2E034 (9/96)