

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

DOCUMENT # P95000025198 (9)

1. Corporation Name

TRAVEL CHANNEL LATIN AMERICA, INC.



Principal Place of Business

150 W BRAMBLETON AVE  
NORFOLK VA 23510

Mailing Address

150 W BRAMBLETON AVE  
NORFOLK VA 23510

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6161 Blue Lagoon Drive

26 Suite, Apt. #, etc.

22 Ste 190

27 Suite, Apt. #, etc.

23 Miami, Florida

28 City & State

24 33126

Country

29 Zip

Country

4. FEI Number

54-1754617

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

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, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent's signature required when nonstatutory.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Jessica Rodriguez

STREET ADDRESS 6161 Blue Lagoon Drive, Ste 190

CITY-ST-ZIP Miami, Florida 33126

TITLE Director or Vice President ☐ DELETE

NAME Kevin D. Serie

STREET ADDRESS 150 W. Brambleton Ave

CITY-ST-ZIP Norfolk, VA 23510

TITLE Director or Secretary ☐ DELETE

NAME Louis F. Ryan

STREET ADDRESS 150 W. Brambleton Ave

CITY-ST-ZIP Norfolk, VA 23510

TITLE Director ☐ DELETE

NAME John D. Wynne

STREET ADDRESS 150 W. Brambleton Ave

CITY-ST-ZIP Norfolk, VA 23510

TITLE Assistant Secretary ☐ DELETE

NAME Susan Smith

STREET ADDRESS 150 W. Brambleton Ave

CITY-ST-ZIP Norfolk, VA 23510

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

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: Susan D. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (801) 446-2013

Date

Daytime Phone #

CR2E034 (12/95)