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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

6161 BLUE LAGOON DR
190
MIAMI FL 33126
US

150 W BRAMBLETON AVE
NORFOLK VA 23510-2018



2. Principal Place of Business

2a. Mailing Address

21 5201 Blue Lagoon Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 600

27

City & State

City & State

23 Miami, Florida

28

Zip

Country

Zip

Country

24 33126

25

USA

29

30

8. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

02/12/1996

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

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

Susan D. Smith

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RODRIGUEZ, JESSICA
STREET ADDRESS 6161 BLUE LAGOON DR- SUITE 190
CITY- ST- ZIP MIAMI FL

☐ DELETE

TITLE DV
NAME SENIE, KEVIN D
STREET ADDRESS 150 W BRANBLETON AVE
CITY- ST- ZIP NORFOLK VA

☒ DELETE

TITLE DS
NAME RYAN, LOIS F
STREET ADDRESS 150 W BRAMBLETON AVE
CITY- ST- ZIP NORFOLK VA

☐ DELETE

TITLE D
NAME WYNNE, JOHN O
STREET ADDRESS 150 W BRAMBLETON AVE
CITY- ST- ZIP NORFOLK VA

☐ DELETE

TITLE S
NAME SMITH, SUSAN
STREET ADDRESS 150 W BRAMBLETON AVE
CITY- ST- ZIP NORFOLK VA

☐ DELETE

TITLE Alfred F. Ritter, Jr.
NAME 150 W. Brambleton Ave
STREET ADDRESS Norfolk, VA 23510
CITY- ST- ZIP Treasurer and Director

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5201 Blue Lagoon Drive, Ste 600
1.4 CITY- ST- ZIP Miami, Fla. 33126

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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: Susan D. Smith Susan D. Smith 1/13/97 (757) 446-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)