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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032827

1. Corporation Name

LATIN BROADCASTING CORPORATION

000001836820
-05/23/96--01044--011
***225.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 601 Brickell Key Drive

26 601 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J. Bruce Irving
501 Brickell Key Drive
Suite 300
Miami, Florida 33131

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME Luis A. Guerra
STREET ADDRESS 328 Crandon Blvd, #204
CITY-ST-ZIP Key Biscayne, Florida 33149

TITLE D ☒ DELETE

NAME Patricia M. Guerra
STREET ADDRESS 328 Crandon Blvd, #204
CITY-ST-ZIP Key Biscayne, Florida 33149

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D/C/P/S

Luis A. Guerra

601 Brickell Key Drive, Suite 300
Miami, Florida 33131

D/V/T

Jose Garcia Conde

601 Brickell Key Drive, Suite 100
Miami, Florida 33131

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. For an attachment with an address.

SIGNATURE:

Luis A. Guerra

5/16/96

(305) 530-3561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)