

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P95000032827 (4)

1. Corporation Name

LATIN BROADCASTING CORPORATION

Principal Place of Business

601 BRICKELL KEY DR.
STE 100
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DR.
STE 100
MIAMI FL 33131-2652

3. Date Incorporated or Qualified
04/26/1995

3a. Date of Last Report
05/22/1996

2. Principal Place of Business

21 14232 SW 136th Street

2a. Mailing Address

26 14232 SW 136th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0601175

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State
Miami, FL

28 City & State
Miami, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33186

Country
USA

29 Zip
33186

Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

IRVING, J. BRUCE
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131-2608

10. Name and Address of New Registered Agent

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 of person printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DCPS	GUERRA, LUIS A	601 BRICKELL KEY DR. STE 300	MIAMI FL 33131	<input type="checkbox"/>
DVT	CONDE, JOSE G	601 BRICKELL KEY DR. STE 100	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DCPS	GUERRA, LUIS A	14232 SW 136th Street	Miami, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVT	CONDE, JOSE G.	14232 SW 136th Street	Miami, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0171012

CR2E034 (9/96)