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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000032827 (4)

FILED May 02 1997 8:00am Secretary of State

LATIN BROADCASTING CORPORATION Frincipal Frace of Business Mailing Address 601 BRICKELL KEY DR. 8TE 100 MIAMI FL 33131 MIAMI FL 33131								3. Date Incorporated or Qualified 3a. Date of Last Report				
								04/26/1995	ted or Qualified		10 of Last H 22/1996	ероп
. Principal Pl			1 1 28. N	Mailing Address		V 01.	L	4. FEI Number				plied For
	32 Sk) 136th S		Mailing Address 14232 Su) 136	,7h STR	et	65-060117	5			ot Applicable
Suite Apt. 4 1	#, etc.		F	Suite, Apt. #, etc.				5. Certificate of SI	tatus Desired		\$8.75	Additional equired
City & State	 1		27	City & State				6. Election Campa	nion Financina			May Be
Mian		FL.		Miani,	FL	_	· 1	Trust Fund Con			Added I	
Zip	· ····································	Country	Ž	Zip	C	ountry		8. This corporation	n has liability for	intangible	tax under s	. 199.032,
3318		25 USA	29	33186	30	USA		Florida Statutes			No No	
		e and Address of C	Current Registe	red Agent	····			0. Name and Ad-	dress of New R	egistered /	igent	
	NG, J. BRI					81 Name	e					
501 BRICKELL KEY DRIVE						82 Street	t Address	(P.O. Box Number	r is Not Accepta	ble)		
	TE 300					83				·		
MIA	MI FL 331:	31-2608		*		83						
						84 City				FL	85 Zip (Code
Pursuant f	to the exercis	sions of Sections 60	07 0502 and 607	7 1508 Florida Stat	tutes the	above-name	d cornora	tion submits this si	tatement for the		changing if	le registerer
office or re	egistered a	gent, or both, in the ith, and accept the	State of Florida	. Such change wa	s authoriz	zed by the co	rporation'	s board of director	s. I hereby acce	pt the app	ointment as	registered
agent Lar	m tamihar w	rith, and accept the	obligations of, s	Section 607.0505,	Florida Si	tatutes.						
GNATURE		zion printe diname of regist	bend and of another if	syrderable (N	KATE Etopieu	ered Agent signatu	ire ten Fred w	hen reinstating)		DATE		
	reduced the		RS AND DIRECT		1:		ore requires in	ADDITIONS/CH/	ANGES TO OFF		DIRECTOR	RS IN 12
LE [DCPS			DELETE		f TITLE	DCP	0			C hange	Additio
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ME /	CONDE,	JOSE G				2 NAME						
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

(305) 235-433

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