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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

22

23

24

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039067 (0)

Country

9. Name and Address of Current Registered Agent

25

MARTIN, GLORIA 16501 NW 16TH CT

CARIBE BROADCASTING, CORP.

Principal Place of Business	Mailing Address	
16501 NW 16 CT Miami F: 33169	16501 NW 16TH CT Miami FL 33169	
US	U\$	

2a. Mailing Address

City & State

Zip

29

Suite, Apt #, etc.

FILED Apr 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

 Date Incorporated or Qualified 05/17/1995

65-0581411

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

MPMI FL 33109			 						
			83	1		ŀ			
			84	City	FL 85 Zip Co	ode			
11. Pursuant	o the provisions of Sections 607 0502 and 607 150	8 Florida Statutes	the above	e-nam	med 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 tills if applicable (NOTE: Registered Agent signature required when reinstalling) DATE									
12.	OFFICERS AND DIRECTORS		13.	ent signa	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12			
TITLE	PT	DELETE	1.1 TITLE		☐ Change	Addition			
NAME	SUAREZ, AMANCIO V		1.2 NAME						
STREET ADDRESS	7280 LAGO DRIVE WEST		1.3 STREET	T ATIORES	FSS	- 1			
CITY-ST-ZIP	CORAL GABLES FL 33143		1.4 CITY - S						
TITLE	VS	DELETE	2.1 TITLE	J. 211		Addition			
NAME	SUAREZ, JANET		2.2 NAME			i			
STREET ADDRESS	7280 LAGO DRIVE WEST		2.3 STREET	T ADORES	NESS .	ŀ			
CITY-ST-ZIP	CORAL GABLES FL 33143		2. 4 CITY -			[
TITLE		DELETE	3.1 TITLE			Addition			
NAME			3.2 NAME			[
STREET ADDRESS			3.3 STREET	T ADDRES	IESS	1			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	, {	{			
TITLE		DELETE	4.1 TITLE		Change	Addition			
NAME			4. 2 NAME			ĺ			
STREET ADDRESS			4.3 STREET	ADDRES	IESS	l			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		1			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition			
NAME			5.2 NAME			}			
STREET ADDRESS			5.3 STREET	ADDRES	ESS	l			
CITY - ST - ZVP			5.4 CITY-5	ST - ZIP					
TITLE		DELETE	6.1 TITLE	-	☐ Change	Addition			
NAME			6.2 NAME			J			
STREET ADDRESS			6.3 STREET	ADDRES	ESS]			
CITY - \$T - ZIP			6.4 CITY-5						
14. I 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.									

Z Amancio V Suarez 4-/3-98

Country

Name