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May 07 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 # P95000055953 (0)

1. Corporation Name

REVISA MASS MEDIA MONITORING SERVICE CORP.

Principal Place of Business

8201 NW 66TH ST SUITE 8
MIAMI FL 33166
US

Mailing Address

8827 N.W. 112TH STREET
HIALEAH GARDENS FL 33018-4532



3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 8827 N.W. 112th Street
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hialeah Gardens, FL
Zip Country

28 Zip Country

24 33018

25 USA

29

30

4. FEI Number

65-0600914

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

9. Name and Address of Current Registered Agent

LOPEZ, JOSE J
8827 N.W. 112 ST
HIALEAH GARDENS FL 33018

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUSTAVO MUNOZ, ENRIQUE
STREET ADDRESS 8827 N.W. 112 ST
CITY-ST-ZIP HIALEAH GARDENS FL 33018

☐ DELETE

TITLE VD
NAME LOPEZ, JOSE L
STREET ADDRESS 8827 N.W. 112 ST
CITY-ST-ZIP HIALEAH GARDENS FL 33018

☐ DELETE

TITLE SD
NAME LOPEZ, LISSETTE M
STREET ADDRESS 8827 N.W. 112 ST
CITY-ST-ZIP HIALEAH GARDENS FL 33018

☒ DELETE

TITLE TD
NAME MUNOZ, SANDRA S
STREET ADDRESS 8827 N.W. 112TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Jose J. Lopez

4/25/97

(305) 362-6185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0126126

CR2E034 (9/96)