

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000096235 (3)

1. Corporation Name

HISPANICOM GROUP, CORP.

Principal Place of Business

Mailing Address

6801 INDIAN CREEK DRIVE  
#304  
MIAMI BEACH FL 33141

6801 INDIAN CREEK DRIVE  
#304  
MIAMI BEACH FL 33141

REINSTATEMENT

1996 11-6-96

3. Date Incorporated or Qualified  
12/20/1985

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6801 INDIAN CREEK DRIVE

26 SAME

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 #304

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 Miami Beach, Florida

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33141

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENOW, MANFRED  
6801 INDIAN CREEK DRIVE  
#304  
MIAMI BEACH FL 33141

81 Name

Manfred Rosenow, Esq.

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

2425 Coral Way

83

84 City

Miami

FL

85 Zip Code  
33145

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

09-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE

NAME ARANGO-VILLAMIZER, CLAUDIO  
STREET ADDRESS 6801 INDIAN CREEK DR. #304  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ DELETE

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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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

IE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-19-96

(305) 858- 78 71

Date

Daytime Phone #

CR2034 (3/96)