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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P95000096235 (3)

HISPANICOM GROUP, CORP.

## **FILED** May 06 1998 8:00am Secretary of State



İ								
Principal Place of Business Mailing Address								
135 E. ENID DRIVE KEY BISCAYNE FL 33101  135 E. ENID DRIVE KEY BISCAYNE FL 33101  KEY BISCAYNE FL 33101					101			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
								12/20/1995
2. Principal Place of Business 2s. Mailing Address								4. FEI Number Applied For
21				26				65-0757854 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired Section Secti
City & State				City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution	
Zip	25	Country	$\vdash$	Zφ	Countr		′	8. This corporation owes or has paid the current year Intangible
24 0 Name		Address of Curr	29	tered Agent	30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered Agent
CONTRERAS, MARIO 126 N.E. 1ST STREET						81		
SUITE #2							Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33132						63		
j						84	City	85 Zip Code
								<b>FL   †</b> '
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 reportion of 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 registagent. 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)								e required when reinstating) DATE
			AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			☐ DELETE	1.1	TITLE		☐ Change ☐ Addition
NAME					1.2 NAME			
STREET ADDRESS	135 E. ENN				STREET	ADDRESS		
CITY-ST-ZIP KEY BISCAYNE FL 33149						1.4 CITY - ST - ZIP		
TITLE	454100 1#11 44#### OL 41#10				2.1 TITLE			Change [ ] Addition
STREET ADDRESS 6801 INDIAN CREEK DR. #36						2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL 33141			001			2.4 CITY-ST-ZIP		
TITLE FVP				DELETE 3.1 TI			21-211	Change Addition
NAME						3.2 NAME		
STREET ADDRESS					3 3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP					3.4.	3.4. CITY-ST-ZIP		
TITLE	TP DELETE					4 1 TITLE		☐ Change ☐ Addition
NAME	PARADA, ALFONSA					4. 2 NAME		
STREET ADDRESS	MEN BIOGRAPHE EL GOLLO					4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	S DELETE					4.4 CITY-ST-ZIP		Change C Addition
NAME	OPINA, LUIS					5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS	135 G. ENI						ADDRESS	
CITY-ST-ZIP KEY BISCAYNE FL 33149				The state of the s			T-ZIP	
TITLE				DELETE		TITLE		Change Addition
NAME					6.2	NAME		
STREET ADDRESS					6.3	STREET	ADDRESS	
CITY-ST-ZIP						CITY-S		
14. I hereby o	ertify that the inf	ormation supplied	with this ti	ling doos not qualify	for the e	vemni	ion Sator	ed in Section 119.07/3Vi). Florida Statutes: Literther certify that the information

indicated on this annual report or supplied with this tiling doos not quality 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 trustoe empowered to execute this report is 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.

(305) 365 0203