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

Mailing Address

MIAMI FL 33158-2945

2a. Mailing Address

9350 SO. DIXIE HIGHWAY PH-2

PROFIT -CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

Date

Daytime Phone #

03/27/1996

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000027134 (1)

SEL LORENZ RADIO CORP.

Principal Place of Business

MIAMI FL 33156

9350 SO. DIXIE HIGHWAY PH-2

2. Principal Place of Business

SIGNATURE:

65-0666865 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Z(p)This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROTH, LEONARDO A 9350 SO. DIXIE HIGHWAY PH-2 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33156** 83 Zip Code 64 City 11. Pursuant to the provisors of Sections 607 0502 and 607 0508, Florida statutes, the above named constration submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Buch changing was authorized by the constration's board of directors. I hereby accept the appointment as registered agent. I am familiar with, in I accept the obligations of Section 607 005, Florida features. SIGNATURE type Lor printed name of registeren agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE (96/6)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE ☐ Change THUS CORTADA, RAMON 1.2 NAME NAME 9350 SO. DIXIE HIGHWAY PH-2 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-7P 1.4 CITY-ST-ZIP DELETE Change Addition THILE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY-ST-ZIP DELETE Change Addition THILE 31 TITLE 3.2 NAME NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZiP 34. CITY-ST-ZIP ■ DELETE ☐ Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ____ Addition TILLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY- ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CUY-\$1-7P 14. I do hereby certify that the information supplied with this filing does no 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 oport 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if