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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000076437 (8)

**CAM - CUBAN AMERICAN MEDIA CORPORATION** 

Principal Place of Business Mailing Address

**FILED** Jun 06 1997 8:00am Secretary of State

	<b>i</b> iii <b>i ii</b> ii <b>i i</b> iii	

2828 CORAL V MIAMI FL 3314		2828 CORAL WAY, STE. MIAMI FL 33145-3214	300				
					Date Incorporated or Qualified 09/13/1996	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			Applied For	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30		<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9. Name and Address of Curr	ent Registered Agent		r <del></del>	10. Name and Address of New Reg	Istered Agent	
	izamora, roberto		81	Name			
	RECORAL WAY, STE. 300 MIFL 33145		82	Street Add	dress (P.O. Box Number is Not Acceptable	0)	
			83				
	•		84	City		FL 85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 607.0	502 and 607.1508, Florida Stati	utes, the above authorized by	e-named cor the corpora	poration submits this statement for the pution's board of directors. I hereby accept	prose of changing its registered	
agent. I a	m familiar with, and accept the obt	igations of, Section 607.0505, I	Florida Statute	s '	,		
SIGNATURE	Signature, typed or printed name of registered	agout and title if applicable (NO	Olf Registered An	ent signature regu	ired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	CRUZAMORA, ROBERTO		1.2 NAME				
STREET ADDRESS	2828 CORAL WAY, STE. 300	)	1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145	110000	1.4 CHTY- 8	ST - ZSP	····		
TITLE		L_] DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME		•		
STREET ADDRESS			2.3 STREET			ļ	
CITY-ST-ZIP		DELETE	2. 4 CITY- 3.1 TITLE	S1 - ZiP.		Change Addition	
NAME			3.2 NAME			onange nasanen	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			34. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST - ZIP			
TYPE		☐ DELETE	5.1 1ITLE			Change Addition	
NAME			5.2 NAME	ļ			
STREET ADDRESS			5.3 STREET	ADDRESS		DH ///an	
GTY-ST-ZIP		T per exe	5.4 CITY - S	ST - ZIP		111 6/0/7/	
TITLE		☐ DELETE	6.1 117LE	1	amponos.	LJ Charge /LJ Addition	
NAME			6.2 NAME		40000221; -06/16/9701026		
STREET ADDRESS			6.3 STREET	1	***165.00	J 038	
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP	erena entre entre		

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 banged, or on an attachment with an address.