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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1997

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

DOCUMENT # P96000082802 (5)
1. Corporation Name
CHRISTIAN NETWORK COMMUNICATIONS

Principal Place of Business **Mailing Address**
8457 SW 132ND STREET **8457 SW 132ND STREET**
MIAMI, FLORIDA 33156 **MIAMI, FLORIDA 33156**

2. Principal Place of Business **2a. Mailing Address**
765 NW 122ND COURT **765 NW 122ND COURT**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
MIAMI, FLORIDA **MIAMI, FLORIDA**
Zip **Country** **Zip** **Country**
33182 **USA** **33182** **USA**

3. Date Incorporated or Qualified **3a. Date of Last Report**
10/8/96 **7/17/97**
4. FEI Number **Applied For**
65-0708181 **Not Applicable**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$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
ROBERTO E. SUAREZ
765 NW 122ND COURT
MIAMI, FLORIDA 33182

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **B5 Zip Code**
FL

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	V	<input checked="" type="checkbox"/> DELETE
NAME	EDUARDO JIMENEZ	
STREET ADDRESS	9201 SW 105TH STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33176	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTO SUAREZ	
STREET ADDRESS	765 NW 122ND COURT	
CITY-ST-ZIP	MIAMI, FLORIDA 33182	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDRES RUIZ	
STREET ADDRESS	8457 SW 132ND STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	IVONNE SUAREZ	
STREET ADDRESS	765 NW 122ND COURT	
CITY-ST-ZIP	MIAMI, FLORIDA 33182	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	P, T
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	V, S
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: **IVONNE SUAREZ** **12/1/97 (305) 694-5906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**