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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P96000094486 (3)

LATINMEDIA CORPORATION

Principal Place of Business

Mailing Address

8181 NW 67 ST., #204 MIAMI FL 33166

SIGNATURE: V

444 BRICKELL AVE #51-302

## **FILED** Apr 27 1998 8:00am Secretary of State



3/30/98 (30) 598 4568

DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualified 11/19/1996 2. Principal Place of Business 21 8/6/ Nω 67年87 2a. Mailing Address 4. FEI Number Applied For 26 8/61 NW 67 65-0707838 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired X Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23/4/20m MIAMI Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 33/66 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED MANUEL 343 ALMERIA AVENUE CORAL GABLES FL 33134 City 11 Omi 02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gations of, Section 607.0505, Florida Statutes. Pursuant to the provisions office or registered agent agent. I am familiar with SIGNATURE (NOTE: Registered Agent signature required when rainstating) DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE DETD TITLE PSTD Change NAME SOSA. MANUEL C 1.2 NAME MANUEL CORAO-SOSA 8181 NW 67 ST., #204 8161 NW 675 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS COY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 14. Thereby certify that the information supplied with indicated on this annual report or suppliemental officer or director of the corporation or the receive Block 12 or Block 13 if changed, or on an attach. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in