

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000094943 (3)**

1. Corporation Name

**CISNEROS TELEVISION SERVICES, INC.**



Principal Place of Business <b>420 - 426 JEFFERSON AVENUE 3RD FLOOR MIAMI BEACH FL 33139</b>	Mailing Address <b>420 - 426 JEFFERSON AVENUE 3RD FLOOR MIAMI BEACH FL 33139</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>404 WASHINGTON AVENUE</b> Suite, Apt. #, etc 22 <b>8th FLOOR</b> City & State 23 <b>MIAMI BEACH, FL</b> Zip 24 <b>33139</b>		2a. Mailing Address 26 <b>404 WASHINGTON AVENUE</b> Suite, Apt. #, etc 27 <b>8th FLOOR</b> City & State 28 <b>MIAMI BEACH, FL</b> Zip 29 <b>33139</b>		3. Date incorporated or Qualified <b>11/19/1996</b>	
		4. FEI Number <b>65-0712864</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
--	--	--	--

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MISRAHI, JOSE</b>	1.2 NAME	
STREET ADDRESS	<b>420 - 426 JEFFERSON AVE., 3RD FLOOR</b>	1.3 STREET ADDRESS	<b>c/o 550 BILTMORE WAY, 9th FLOOR</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAND, MARC</b>	2.2 NAME	
STREET ADDRESS	<b>420 - 426 JEFFERSON AVE., 3RD FLOOR</b>	2.3 STREET ADDRESS	<b>404 WASHINGTON AVENUE, 8th FLOOR</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, EDUARDO</b>	3.2 NAME	<b>HERNANDEZ, EDUARDO</b>
STREET ADDRESS	<b>C/O 550 BILTMORE WAY, 9TH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

*Marc Zand*

**MARC ZAND**

February 17, 1998 (305)894-3509

CR2E034 (1097)