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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # PS

P97000015779 (6)

NICARAGUAN COMMUNITY TELEVISION, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place	e of B usiness	Mailing Address				4 46814881 (10 1011) 10011 00111 00111 00111 00111 10011 10011 10011 10011 10011
8370 W. FLAGLER ST., STE. 110 MIAMI FL 33144		8370 W. FLAGLER ST., STE. 110 MIAMI FL 33144				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 02/19/1997
2, Principal Pr	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				SR 75 Additional
22	-	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
ov	REDO-REYES, ALFONSO			81	Name	ne .
8370 W. FLAGLER ST., STE. 110				82 Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33144		or alleer		30,000	ret Austess (1, Dox Huttiper is Not Acceptable)
				83		
					0:4	Top 7 7 Ondo
				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 9502 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.						
	on tarminar with, and accept the oning	anons of, Section 607,000	io, i ionoa otat	utes	1.	
SIGNATURE	Stonatore, typed or panted name of teg stered ag	est and title if applicable	(NOTE Registere	d Age	nt signatur	ature required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.11(TLE		☐ Change ☐ Addition
NAME	MELENDEZ, ROGER		1.2 N	AME		
STREET ADDRESS	8370 W. FLAGLER ST., STE.	110	1.3 \$1	RFET	ADDRESS	ss
CITY-ST-ZIP	MIAMI FL 33144		1.4 CI	TY-S	T- ZIP	
TITLE	OS	DELETE				Change Addition
NAME	OVIEDO-REYES, ALFONSO		2.2 N/	AME		
STREET ADDRESS	8370 W. FLAGLER ST., STE.	110	2351	REFT	ADDRESS	SS
CITY-ST-ZIP	MIAMI FL 33144			2.4 CITY-ST-ZIP		
TITLE		DELETE				Change Addition
NAME			3.2 N/	\ME		
STREET ADDRESS			335	REFT	ADDRESS	SS
CITY-ST-ZIP					ST-ZIP	
TITLE		DELETI				Change Addition
NAME			4.2 N	AME		
STREET ADDRESS					ADDRESS	ss
CITY-ST-ZIP			4.4 Ct			
TITLE		DELETE				Change Addition
NAME			5.2 N/			
STREET ADDRESS					ADDRESS	12/12/
CITY-ST-ZIP			5.4 Ci			~
TITLE		☐ DELETE			1 - 4 IF	Change Addition
NAME			6.2 NA			:
i					ADDDEGG	100002524201 ss -05/14/9801111021
STREET ADDRESS					ADDRESS	***150.00
CITY-ST-ZIP	artify that the information supplied w	with this filing close not our	6.4 CI			本界をようし、UU lated in Section 119.07(3)(i). Florida Statutes. I further certify that the information

indicated on this annual report or supplied whereas ining does not quality in the examplion istated in Section 119.07(3)(i), Florida Statutes: I further certify that the information indicated on this annual report or supplied 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 altachment with an address.

CIONATURE. V

Press Manie

April 21/498 305-207-853