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CORPORATION . ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039010 (8)

FILED Feb 26 1998 8:00am Secretary of State

LA 91 FM, INC. Principal Place of Business Mailing Address 6425 MONTGOMERY DRIVE 6425 MONTGOMERY DRIVE PINECREST FL 33156 PINECREST FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1997 2. Principal Place of Business Applied For Box 02.5256 21 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc. \$8.75 Additional Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Ζıp 8. This corporation owes or has paid the current year Intargible Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINA, CARLOS 6425 MONTGOMERY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PINECREST FL 33156 83 City 85 Zip Code 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. OFFICERS AND DIRECTORS 13. President- Sec THLE DELETE 1.1 TITLE HOLLING Bonilla NAME STREET ADORESS - 5256 Change Addition 1.4 CITY-ST-ZIP CITY-S1-ZIP TITLE DELETE 21 TITLE Change NAME 22 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 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP d with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information intal 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 receiver or trustee erynowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information s indicated on this annual report of 9 officer or director of the ca

Jase A. Bonille SIGNATURE:

1-21-98 3056656517