

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90022 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000084576**

1. Corporation Name
RADIO UNICA SALES CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 101 MADEIRA AVE
 CORAL GABLES FL 33134

Mailing Address
 101 MADEIRA AVE
 CORAL GABLES FL 33134

3. Date Incorporated or Qualified
09/30/1997

4. FEI Number
65-0702962

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **8400 N.W. 52nd St.**

2a. Mailing Address
 26 **8400 NW 52nd St.**

22 Suite, Apt. #, etc. **Suite 101**

27 Suite, Apt. #, etc. **Suite 101**

23 City & State **Miami FL**

28 City & State **Miami FL**

24 Zip **33166** 25 Country **USA**

29 Zip **33166** 30 Country **USA**

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES, FERNANDEZ-FRAGA, PA
 101 MADEIRA AVE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
2100 Salzedo Street

83 **Suite 300**

84 City **Coral Gables** 85 Zip Code **FL 33134**

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]* **slakkg**

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 | CPD | <input checked="" type="checkbox"/> DELETE |
| NAME | LEVING, HERBERT M | |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 500 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | CS | <input type="checkbox"/> DELETE |
| NAME | DAWSON, STEVE | |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 500 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | DC P | <input type="checkbox"/> DELETE |
| NAME | BLAYA, JOAQUIN | |
| STREET ADDRESS | 2 ALHAMBRA PLAZA SUITE 500 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEVIN, HERBERT M | |
| STREET ADDRESS | 2 ALHAMBRA PLAZA SUITE 500 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| 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

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | VS D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Steven E. Dawson | |
| 2.3 STREET ADDRESS | 8400 NW 52nd St. Suite 101 | |
| 2.4 CITY-ST-ZIP | Miami, FL 33166 | |
| 3.1 TITLE | DC P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Joaquin F. Blaya | |
| 3.3 STREET ADDRESS | 8400 NW 52nd St. Suite 101 | |
| 3.4 CITY-ST-ZIP | Miami, FL 33166 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE SEQUENT Dawson C.F.O.** 3/2/99 305-463-5006

Signature and typed or printed name of signing officer or director Date Daytime Phone #

1129611

CR2F034 (11/98)