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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085445 (9)

DBA SYSTEMS BROADCASTING CORP.

Mailing Addrose

**FILED** Apr 13 1998 8:00am Secretary of State



r in cipal r lace	5 OI D0301034	maning riddiess						
338 MINORCA		338 MINORCA AVE.						
CORAL GABLE	ES FL 33134	CORAL GABLES FL 3313	•			DO NOT WRITE IN THIS S	SPACE	
						3. Date Incorporated or Qualified		
2 2 / 1 2		2a. Mailing Address				10/02/1997 4. FEI Number	N /	
			adress			4. FEI NUIIDOF		pplied For
21		26					<del></del>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				<b>3.</b> 35.	Fee F	Required
City & State	9	City & State				Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
j Zip	Country	Zip Country			8. This corporation owes or has paid the cur	rept year li	ntangible	
24	25 29		30	10		Personal Property Tax due June 30.	Yes	□ No
	9. Name and Address of Currer	nt Registered Agent	<u> </u>			10. Name and Address of New Registered	Agent	
VIL	A, OSCAR J III		8	1	Name			
	MINORCA AVE.		B	٠,	Discould deletes	ss (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134		6	<b>"</b>	Street Works	ss (F.O. Box Number is Not Acceptable)		i
"	NAL GADLES I L 33 134		8	3				
			8	۱.	City		85 Zir	Code
			]*	<b>"</b>   '	City	<u>FL</u>	. 65 24	, 0000
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ve-r	named corpo	ration submits this statement for the purpose of	changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	eor Florida, Such change was a ations of Section 607 0505. Fi	autnorizeo i orida Statut	oy u es.	ne corporatio	n's board of directors. I hereby accept the app	Killiment B	s registered
	minimal vital, and accopy the string							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E. Registered A	gent	signature required	when reinstating) DATE		
12.	OFFICE'RS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 TITLE	:			Change	Addition
NAME	POUSA, RICARDO D		1,2 NAM	E				
STREET ADDRESS	338 MINORCA AVE.		1.3 STRE	FT AC	DDRESS			
ł i				1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	DVS	DELETE	2.1 TITLE		Zii		Change	Addition
1				2.2 NAME				
NAME	ABAD, ALFREDO E					-		
STREET ADDRESS	338 MINORCA AVE.		2.3 STRE	ET AL	DDRESS			
CfTY-ST-ZIP			2.4 CITY	2.4 CITY+ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE	Ē	i		Change	Addition
NAME			32 NAM	E				
STREET ADDRESS			3 3 STRE	ET AC	DDRESS			
CITY-ST-ZIP			3.4. CITY	/-ST-	- ZIP			
TITLE		DELETE	4.1 TITLE	<u> </u>			Change	☐ Addition
NAME			4. 2 NAN	AE.	İ			
STREET ADDRESS			4.3 STRE		NORESS			
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITU		ZIF		Change	Addition
TITLE								
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	ET AI	Doress			
CITY-ST-ZIP			5.4 CITY	-ST-	ZIP		-	
TITLE		DELETE	6.1 TITL	E			☐ Change	Addition
NAME			6.2 NAM	ΙĒ				
					DDRESS			

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.

V 04/02/88

305-4447282