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Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103824 (3)

1. Corporation Name

PREMIER RADIO SYSTEMS, INC.

Principal Place of Business

7570 N.W. 26TH AVENUE
MIAMI FL 33147

Mailing Address

7570 N.W. 26TH AVENUE
MIAMI FL 33147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 438 E. 9th Street	26 438 E. 9th Street	4. FEI Number 65-0799262	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	
22 2nd Floor	27 2nd Floor	Not Applicable	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Hialeah, FL	28 Hialeah, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Zip	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	
24 33010	25 Dade	29 33010	
Country	Country	30 Dade	

9. Name and Address of Current Registered Agent

MEDINA, EFREN F
438 EAST 9TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

Efren F Medina

Signature of officer or director of corporation and not of agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2-18-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	VPSD
NAME	MEDINA, EFREN F	1.2 NAME	MEDINA, DIANA
STREET ADDRESS	438 EAST 9TH STREET	1.3 STREET ADDRESS	438 East 9th Street
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	Hialeah, FL 33010
TITLE	VPSD	2.1 TITLE	
NAME	LEAL, ALEJANDRO	2.2 NAME	
STREET ADDRESS	17600 N.W. 68 AVE. #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33015	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Efren F Medina

2-18-98 (305) 888-4604

CR2E034 (10/97)