

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 8:57

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Teresa B. Walker  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S48854** (1)

TRANSAMERICA INTERNATIONAL BROADCASTING, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3555 NW 79 AVENUE  
MIAMI FL 33122**

Main Office Address  
**3555 NW 79 AVENUE  
MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation		3a. Date of Last Report	
21. <b>3100 NW 72 Ave</b>		3b. <b>07/07/1994</b>	
22. <b>Unit 112</b>		4. FFI Number	
23. <b>Miami, FL</b>		65-0261996	
24. <b>33122</b>		5. Certificate of Status Desired	
25. <b>USA</b>		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26. <b>3100 NW 72 Ave</b>		6. Election Campaign Financing Trust Fund Contribution	
27. <b>Unit 112</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28. <b>Miami, FL</b>		7. This corporation is applying for incorporation in another Florida Statute	
29. <b>33122</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. <b>USA</b>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
<b>JULIAN MURO 8650 NW 3RD STREET MIAMI FL 33126</b>		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td><b>FL</b></td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. State	<b>FL</b>	85. Zip Code	
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82. Street Address (P.O. Box Number is Not Acceptable)													
83. City													
84. State	<b>FL</b>												
85. Zip Code													

11. Pursuant to the provisions of Sections 607.0602 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
1. TITLE	<b>P</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>MURO, JULIAN</b>	2. NAME	
3. STREET ADDRESS	<b>8650 N.W. 3RD ST.</b>	3. STREET ADDRESS	
4. CITY, STATE	<b>MIAMI FL 33126</b>	4. CITY, STATE	
5. TITLE	<b>VP</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>ANTONIO ORMAD,</b>	6. NAME	
7. STREET ADDRESS	<b>76 MARIA MOLINER</b>	7. STREET ADDRESS	
8. CITY, STATE	<b>ZARAGOZA, SPAIN</b>	8. CITY, STATE	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE		12. CITY, STATE	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE		16. CITY, STATE	
17. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, STATE		20. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and that I am equally liable for the information stated in Sections 119.031, Florida Statutes, Chapter 607, that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the firm, trust or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on this report or filing. I did change my name or address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE IN PRINTED NAME OF BOILING OFFICER OR DIRECTOR

04/27/95