

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. McRae  
Secretary of State  
1995

DOCUMENT # **S55234** (6)

120TH STREET TRANSMISSIONS, INC.

APPROVED  
AND  
FILED

MAY 1 1995

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business: 12045 NW 7 AVE N MIAMI FL 33168-2524  
Mailing Address: 12045 NW 7 AVE N MIAMI FL 33168-2524

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation or Qualification	3a. Date of Last Report
21		26		05/28/1991	08/15/1994
22. State: Fla		27. State: Fla		4. FTT Number	Applied For
22		27		65-0269830	Not Applicable
24. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24		28		<input type="checkbox"/>	
25. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		29		<input type="checkbox"/>	
30. City		30. City		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	
30		30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

B. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOPEZ, AUGUSTINE 7878 NW 103RD ST. SUITE 208 HIALEAH GARDENS FL 33016				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code			
				FL			

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 provisions of Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D. LOPEZ, AUGUSTINE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	7828 NW 103RD ST	2. STREET ADDRESS	
3. CITY, ST, ZIP	HIALEAH GDNS FL	3. CITY, ST, ZIP	
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 119.07(1)(b), 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. This is an affidavit or declaration of the corporation or the registrar or business empowered to issue into this report as required by Chapter 682, Florida Statutes, and that my name appears in Block 12 or 13 of this report if changed or an attachment with an address.

SIGNATURE: SIGNING OFFICER OR DIRECTOR

4/28/95 3056837557