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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortiçm

Secretary of State 😽 **DIVISION OF CORPORATIONS**

DOCUMENT # V68408

(6)

AMIGOS DE RADIO FE, INC.

Principal Place of Business

Mailing Address

SOON OW STH TED

FILED Jun 10 1997 8:00am Secretary of State



MIAMI FL 33144		MIAMI FL 33144-3908				
					3. Date Incorporated or Qualified 10/02/1992	3a. Date of Last Report 10/22/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0378643	Not Applicable
Sulte, Apt. #, etc.		Suile, Apt. #, etc.	Suile, Apt. #, etc.			CO 75
22		27	7		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25		30			Yes No
	9. Name and Address of Cu	rrent Registered Agent		1	10, Name and Address of New Reg	Jistered Agent
	AN, III, EMILIO		81	Name		
	NW 132 CT.		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)
MIA	MI FL 33182					
			83			
			84	City		85 Zip Code
*				,		FL '
11. Pursuant office or	to the provisions of Sections 607. registered agent, or both, in the S	0502 and 607.1508, Florida Statute: late of Florida. Such change was au	s, the abov ithorized by	e-named corp the corporal	poration submits this statement for the pution's board of directors. I hereby acception	rpose of changing its registered the appointment as registered
1	am tamiliar with, and accept the o	bligations of, Section 607.0505, Flor	ida Statute	S.		
SIGNATURE	Signature, typed or printed name of registere	A graph and tale if applicable (MOTE	Consistered As-		ared when reinstaling)	DATE
12.		AND DIRECTORS	13.	ali signature regari	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 THILE	·····	ADDITIONS/CHANGES TO CIT ICI	Change Addition
NAME	ANORGA, MARTIN REV		1,2 NAME			
STREET ADDRESS	5800 SW 5TH TER		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY - S			
TITLE	D	DELETE	2.1 TITLE	1- 211		Change Addition
NAME	MILIAN, III, EMILIO		2.2 NAME			
STREET ADDRESS	431 NW 132 CT		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		2 4 CiTY-			
TITLE			3.1 TITLE			Change Addition
NAME	COTARELO, PEDRO 32 N		3.2 NAME			_
STREET ADDRESS	3001 SW 2 STREET APT 10)7	3 3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		3 4. CITY - 5	ST - ZIP		
TITLE	DELETE 4.17		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	1 - 21P		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAMÉ			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME (35)	•		6.2 NAME			
STREET ADDRESS:	:		6.3 STREE1	ADDRESS		
CITY-ST-ZIP			64 CITY-S	T-ZIP		

14. I do 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.