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

PROFIT CORPORATION ANNUAL REPORT

1996



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

\Box	\wedge	\sim 1	I N	A C	'n	ıT	44

DOCUN 1. Corporation	MENT # F9400	0006471 (6	3)				
	LATINA INC.						
Principal Place	of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		ODINI BONI OBNI DINI I	
1415 W. MAI SUITE 201 BURBANK C	GNOLIA BLVD :A 91505	75 ROCKERFELLER P 25TH FLOOR NEW YORK NY 10018					
US		US			3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last 04/28/1	, i
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 Suite Act	# otc	Suite, Apt. #, etc.			13-3586626	40.5	Not Applicable
Suite, Apt. #		27			5. Certificate of Status Desired	1	75 Additional e Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ded to Fees
Zip 24	Country 25	Zip 29	Coun	try	8. This corporation has liability for in Florida Statutes Yes	*	s 199.032,
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			1	Name			
	ENTICE-HALL CORPORATION S	YSTEM, INC.	8	Street Addr	ess (P.O. Box Number is Not Acceptable	9)	
	RTH MAGNOLIA STREET				<u></u>	· · · · · · · · · · · · · · · · · · ·	
TALLAH	IASSEE FL 32301			33			
			1	4 City		FL 85	Zıp Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the above	e-named corpor	ration submits this statement for the purp	ose of changing its	s registered office
or registere	ed agent, or both, in the State of Florid th, and accept the obligations of, Sect	ia. Such change was authoriz	ed by the co	rporation's topa	rd of directors. I hereby accept the appoint	ntment as registere	ed agent. I am
SIGNATURE _	. ,						ŀ
	Signature, typed or printed name of registered agent			gent signature require	- · · · · · · · · · · · · · · · · ·	DATE	<u> </u>
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	DERS AND DIRECT	
NAME	MIDANI, ANDRE		1 2 NAM		•	LJ Change	: D MODICON 1
STREET ADDRESS	75 ROCKEFELLER PLAZA			EET ADDRESS			[8]
CITY-ST-ZIP	NEW YORK NY 10019			-ST-ZIP			
TITLE	VD	☐ DELETE				[] Change	e Addition C
NAME	GOLD, JEROME N		2.2 NAM	IE .			
STREET ADDRESS	75 ROCKEFELLER PLAZA		23 STR	EET ADDRESS			
CITY - ST - ZIP	NEW YORK NY 10019		24 CITY	-ST-ZIP			
TITLE	SD	☐ DELETE	3. 1 TITE	E	Change		Addition
NAME	Wistow, Fred		3.2 NAM	IE .			
STREET ADDRESS	75 ROCKEFELLER PLAZA		3.3. STR	EET ADDRESS			
CITY - ST - ZIP	NEW YORK NY 10019			-S1-ZIP			
TITLE	AS NAME MADE	☐ DELETE	4.1301			☐ Change	e [] Addition
NAME	WHITE, MARIE 75 ROCKEFELLER PLAZA		4.2 NAM				
STREET ADDRESS	NEW YORK NY 10019			ET ADDRESS			
CITY-ST-ZIP TITLE	SRVP	DELETE	5 1 THI	- ST · ZIP		☐ Change	Addition
NAME	RICHARD J. BRESSLER	_ otten	5.2 NAV			— Спанук	. L. Hoomon
STREET ADDRESS	75 ROCKEFELLER PLAZA			ET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			-ST-ZIP			
TITLE	D	DELETE	6. 1 TITE			Change	Addition
NAME	CARADINE, JAMES G		6.2 NAM	E		-	
STREET ADDRESS	75 ROCKEFELLER PLAZA		6 3 STR	ET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10019			- \$T- 2 IP			
14. I do hereby certify that	y certify that the information supplied value information indicated on this annu-	vith this filing is voluntarily furnial report or supplemental ann	nished and do ual report is	oes not qualify for	or the exemption stated in Section 119.0 te and that my signature shall have the s	7(3)(k), Florida Stat	utes. I further

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 or an attachment with an address.

SIGNATURE: Mares A State

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(212) 484-7596