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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P38691 (2)

1. Corporation Name
**INTERNATIONAL MARKETING AND ADVERTISING SERVICES
, CORP.**

Principal Place of Business Mailing Address
101 EAST ERIE STREET CHICAGO IL 60611

3. Date Incorporated or Qualified **05/07/1992** 3a. Date of Last Report **03/13/1995**
4. FEI Number **59-1849797** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable) **1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**
83
84 City **PLANTATION** 85 Zip Code **FL 33324**

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

Signature typed or printed name of registered agent or the filer (date)

Name of Registered Agent (typed or printed name) (date)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	DP
NAME	CUBAS, JOSE M., JR.	1.2 NAME	Cubas, Jose M., Jr.
STREET ADDRESS	101 EAST ERIE STREET	1.3 STREET ADDRESS	1401 Brickell Avenue
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	DP	2.1 TITLE	DC
NAME	WIGGINS, CRAIG R.	2.2 NAME	Mason, Bruce
STREET ADDRESS	767 FIFTH AVENUE	2.3 STREET ADDRESS	101 East Erie Street
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	Chicago, IL 60611-2897
TITLE	D	3.1 TITLE	D
NAME	CUTHBERTSON, RICHARD	3.2 NAME	Ashwill, Terry M.
STREET ADDRESS	709 KORNHILL METRO TOWER	3.3 STREET ADDRESS	101 East Erie Street
CITY-ST-ZIP	HONG KONG	3.4 CITY-ST-ZIP	Chicago, IL 60611-2897
TITLE	V	4.1 TITLE	D
NAME	CHESTER, GARY D.	4.2 NAME	Reid, Harry
STREET ADDRESS	101 EAST ERIE STREET	4.3 STREET ADDRESS	CountyMark House, 50 Regent Street
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	London, England
TITLE	S	5.1 TITLE	DVT
NAME	PERONA, DALE	5.2 NAME	Perona, Dale
STREET ADDRESS	101 EAST ERIE STREET	5.3 STREET ADDRESS	101 East Erie Street
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago, IL 60611-2897
TITLE	T	6.1 TITLE	S
NAME	FONTENEAU, BERNARD	6.2 NAME	Fonteneau, Bernard
STREET ADDRESS	101 EAST ERIE STREET	6.3 STREET ADDRESS	1401 Brickell Avenue
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	Miami, FL 33131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, change only on an attachment with an address.

SIGNATURE: *Gary D. Chester* Gary D. Chester, Vice President 5/3/96 (312) 440-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)