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Jul 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38691 (2)
 1. Corporation Name
INTERNATIONAL MARKETING AND ADVERTISING SERVICES, CORP.



Principal Place of Business 101 EAST ERIE STREET CHICAGO IL 60611	Mailing Address 101 EAST ERIE STREET CHICAGO IL 60611-2811
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/07/1992	3a. Date of Last Report 05/10/1996
21. Sulte, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1849797	Applied For <input type="checkbox"/> Not Applicable
25. Sulte, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Sulte, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

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 and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE Chairman, FCB Latin America	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUBAS, JOSE M., JR.		1.2 NAME Cubas, Jose M., Jr.	
STREET ADDRESS 1401 BRICKELL AVENUE		1.3 STREET ADDRESS 1401 Brickell Avenue	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP Miami, FL 33131	
TITLE DC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MASON, BRUCE		2.2 NAME Ryan, Brendan	
STREET ADDRESS 101 EAST ERIE STREET		2.3 STREET ADDRESS 150 East 42nd Street	
CITY-ST-ZIP CHICAGO IL 60611-2897		2.4 CITY-ST-ZIP New York, NY 10017-5612	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASHWILL, TERRY M		3.2 NAME Hollingsworth, Scott	
STREET ADDRESS 101 EAST ERIE STREET		3.3 STREET ADDRESS 1401 Brickell Avenue	
CITY-ST-ZIP CHICAGO IL 60611-2897		3.4 CITY-ST-ZIP Miami, FL 33131	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHESTER, GARY D.		4.2 NAME Engel, Mitchell T.	
STREET ADDRESS 101 EAST ERIE STREET		4.3 STREET ADDRESS 101 East Erie Street	
CITY-ST-ZIP CHICAGO IL		4.4 CITY-ST-ZIP Chicago, IL 60611-2897	
TITLE DVT	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERONA, DALE		5.2 NAME Reid, Harry	
STREET ADDRESS 101 EAST ERIE STREET		5.3 STREET ADDRESS 82 Baker Street	
CITY-ST-ZIP CHICAGO IL 60611-2897		5.4 CITY-ST-ZIP London, England W1M 2 AE	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FONTEAU, BERNARD		6.2 NAME	
STREET ADDRESS 1401 BRICKELL AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		6.4 CITY-ST-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 unchanged, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)