

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 DEC 23 PM 1:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

Reinst

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P38691

1. Corporation Name
INTERNATIONAL MARKETING AND ADVERTISING SERVICES CORP.

REINSTATEMENT 99

Principal Place of Business
 101 EAST ERIE STREET
 CHICAGO IL 60611

Mailing Address
 101 EAST ERIE STREET
 CHICAGO IL 60611
9% TAX DEPARTMENT
20th floor

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/07/1992

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25
 Country
 29 *IL* 30 *USA*

2a. Mailing Address
 26 *101 E. ERIE ST*
 Suite, Apt. #, etc.
 27 *9% TAX DEPARTMENT 20th floor*
 City & State
 28 *Chicago*

4. FEI Number
59-1849797

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 owes the current year Intangible Personal Property. Yes 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
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 obligations of, section 607.0505, Florida Statutes.

SIGNATURE *Carrie Bay* **SPECIAL ASSISTANT SECRETARY** 12/23/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	CUBAS, JOSE M., JR.	
STREET ADDRESS	1401 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	RYAN, BRENDAN	
STREET ADDRESS	150 EAST 42ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, SCOTT	
STREET ADDRESS	1401 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHESTER, GARY D.	
STREET ADDRESS	101 EAST ERIE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	PERONA, DALE	
STREET ADDRESS	101 EAST ERIE STREET	
CITY-ST-ZIP	CHICAGO IL 60611-2897	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FONTENEAU, BERNARD	
STREET ADDRESS	1401 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
1.2 NAME	GARY CHESTER	
1.3 STREET ADDRESS	101 E. Erie St.	
1.4 CITY-ST-ZIP	Chicago IL 60611	
2.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
2.2 NAME	RON BRYCE	
2.3 STREET ADDRESS	101 E. Erie St.	
2.4 CITY-ST-ZIP	Chicago IL 60611	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 ****750.00 ****750.00

14. I 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, on an attachment with an address.

SIGNATURE: *[Signature]* 12-21-99 3124256

S. PAYNE DEC 27 1999