

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

**FILED**

**Mar 07 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000063622 (0)**

**1. Corporation Name  
PIX LATIN AMERICA, INC.**



Principal Place of Business      Mailing Address  
**200 S BISCAYNE BLVD  
SUITE 4600  
MIAMI FL 33131-2310**      **200 S BISCAYNE BLVD  
SUITE 4600  
MIAMI FL 33131-5324**

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**07/30/1996**

**4. FEI Number**      Applied For  
**65-0687954**       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**      **28**

**24** Zip      **25** Country      **29** Zip      **30** Country

**9. Name and Address of Current Registered Agent**

**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City      **FL**      **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 (Type or printed name of registered agent, and title if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

**TITLE**       DELETE      **D**  
**NAME**      **CHOUKROUN, DIDIER**  
**STREET ADDRESS**      **200 S BISCAYNE BLVD SUITE 4600**  
**CITY - ST - ZIP**      **MIAMI FL 33131-2310**

**TITLE**       DELETE      **D**  
**NAME**      **SIVORI, ROBERTO**  
**STREET ADDRESS**      **AVENIDA DEL BOSQUE NORTE 0177**  
**CITY - ST - ZIP**      **LAS CONDES, SANTIAGO, CHILE**

**TITLE**       DELETE      **D**  
**NAME**      **WHARTON, PHILLIP**  
**STREET ADDRESS**      **22 SUMMIT AVE**  
**CITY - ST - ZIP**      **LARCHMONT NY 10538**

**TITLE**       DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**       DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE**       Change       Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE**       Change       Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE**       Change       Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE**       Change       Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE**       Change       Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE**       Change       Addition

**6.2 NAME**

**6.3 STREET ADDRESS**

**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 or in an attachment with an address.**

**SIGNATURE:**      *[Signature]*      **March 3, 1997**      **305-5300990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E034 (9/96)