

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90037 003 ***150.00

DOCUMENT # P98000098724
 1. Entity Name
LATIN ADVERTISING CORP.

Principal Place of Business 2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI FL 33129	Mailing Address 2333 BRICKELL AVENUE MEZZANINE SUITE MIAMI FL 33129-2435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1390 S. DIXIE HIGHWAY Suite, Apt. #, etc. SUITE 2207 City & State CORAL GABLES, FL	3. Mailing Address 170 OCEAN LANE DRIVE Suite, Apt. #, etc. UNIT 404 City & State KEY BISCAYNE, FLORIDA
Zip 33146	Country USA
Zip 33149	Country USA

4. FEI Number 65-0884485	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
 RODRIGUEZ, MIGDALIA
 2333 BRICKELL AVENUE
 MEZZANINE SUITE
 MIAMI FL 33129

7. Name and Address of New Registered Agent
 Name
 MARTA LEONOR AMADOR
 Street Address (P.O. Box Number is Not Acceptable)
 170 OCEAN LANE DRIVE
 UNIT 404
 City
 KEY BISCAYNE FL Zip Code
 33149

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Mark L. Amador E.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONOR AMADOR, MARTA 2333 BRICKELL AVENUE, MEZZANINE SUITE MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEREZ, ENRIQUE 2333 BRICKELL AVENUE, MEZZ, SUITE MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMADOR, MARTA LEONOR 170 OCEAN LANE DRIVE, UNIT 404 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEREZ, ENRIQUE 170 OCEAN LANE DRIVE, UNIT 404 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marta Leonor Amador **2/8/00** 305-361-8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)