

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006983

**FILED**  
**Feb 28, 2019**  
**Secretary of State**  
**8922262421CC****Entity Name:** LATIN AMERICAN MULTICHANNEL ADVERTISING COUNCIL, INC.**Current Principal Place of Business:**ONE ALHAMBRA PLAZA  
STE. 1460  
CORAL GABLES, FL 33134**Current Mailing Address:**ONE ALHAMBRA PLAZA  
STE. 1460  
CORAL GABLES, FL 33134**FEI Number: 43-1989548****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name CUSCO, ENRIQUE  
Address 2525 PONCE DE LEON BLVD., STE. 250  
City-State-Zip: CORAL GABLES FL 33134

Title S  
Name RUIZ, EDUARDO  
Address 2525 PONCE DE LEON BOULEVARD SUITE # 250  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BETTSELLER, KEN  
Address 80 SW 8TH ST SUITE 2500  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name GAZZOLO , PIERLUIGI  
Address 1111 LINCOLN RD. 6TH  
City-State-Zip: MIAMI BEACH FL 33139

Title CHAIRMAN  
Name MARTINEZ, ENRIQUE  
Address 1 ALHAMBRA PLAZA, STE 1460  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name MARTINEZ, CARLOS  
Address 2121PONCE DE LEON BLVD., SUITE 1020  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name DEBEN, RICARDO  
Address 2020 PONCE DE LEON BLVD 800  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MEDIN, FERNANDO  
Address 6505 BLUE LAGOON DRIVE STE 190  
City-State-Zip: MIAMI FL 33126

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARTINEZ , ENRIQUE****CHAIRMAN****02/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	RICHARDSON, WHIT	Name	MARIN, ALEXANDER
Address	1050 TECHWOOD DRIVE	Address	601 BRICKELL KEY DRIVE, STE 300
City-State-Zip:	ATLANTA GA 30303	City-State-Zip:	MIAMI FL 33131