Electronic Signature of Signing Officer/Director Detail

2019 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000006983

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

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

Officer/Director Detail :

Title	CD	Title	CHAIRMAN				
Name	CUSCO, ENRIQUE	Name	MARTINEZ, ENRIQUE				
Address	2525 PONCE DE LEON BLVD., STE. 250	Address City-State-Zip:	1 ALHAMBRA PLAZA, STE 1460 CORAL GABLES FL 33134				
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip.	CORAL GABELS I E 33134				
Title	S	Title	DIRECTOR				
Name	RUIZ, EDUARDO	Name	BETTSELLER, KEN				
Address	2525 PONCE DE LEON BOULEVARD	Address	80 SW 8TH ST SUITE 2500				
City-State-Zip:	SUITE # 250 CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33130				
Title	DIRECTOR	Title	DIRECTOR				
Name	DEBEN, RICARDO	Name	GAZZOLO , PIERLUIGI				
	,	Address	1111 LINCOLN RD. 6TH				
Address	2020 PONCE DE LEON BLVD 800	City-State-Zip:	MIAMI BEACH FL 33139				
City-State-Zip:	CORAL GABLES FL 33134	Title	DIRECTOR				
Title	DIRECTOR	Name	RICHARDSON, WHIT				
Name	MEDIN, FERNANDO	Address	1050 TECHWOOD DRIVE				
Address	6505 BLUE LAGOON DRIVE STE 190	City-State-Zip:	ATLANTA GA 30303				
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	: EN	IRI	QL	JE	MAR	۲I	NE.	Ζ						CHAIRI	MAN		07/11/2019	3
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FILED Jul 11, 2019 Secretary of State 7634971670CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MARIN, ALEXANDER
Address	601 BRICKELL KEY DRIVE, STE 300
City-State-Zip:	MIAMI FL 33131