

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006983

Entity Name: LATIN AMERICAN MULTICHANNEL ADVERTISING COUNCIL, INC.**FILED**
Jan 13, 2017
Secretary of State
CC5578565657**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 T
Name BARGUEIRAS, IVAN
Address 6505 BLUE LAGOON DRIVE, STE190
City-State-Zip: MIAMI FL 33126

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

Title DIRECTOR
Name ZULUETA, EDUARDO
Address 800 ROAD, DOUGLAS ROAD
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title PCEO
Name MCBRIDE, WILLIAM G.
Address 1 ALHAMBRA PLAZA, STE 1460
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 SVP & GM
Name BERMUDEZ-KEY, KLAUDIA
Address 2555 PONCE DE LEON BLVD.
SUITE 400
City-State-Zip: CORAL GABLES FL 33134

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: MCBRIDE , WILLIAM G.**PRESIDENT & CEO****01/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name COLON, GRETCHEN
Address ONE CNN CENTER, 12 SOUTH
City-State-Zip: ATLANTA GA 30303

Title DIRECTOR
Name VALLEJO, JUAN
Address 2121 PONCE DE LEON BLVD
SUITE 1020
City-State-Zip: MIAMI FL 33134

Title DIRECTOR
Name COSTA, HECTOR
Address 800 ROAD, DOUGLAS ROAD
10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name GONZALEZ, JORGE
Address 2525 PONCE DE LEON BLVD
STE. 250
City-State-Zip: CORAL GABLES FL 33134