

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006983

**Entity Name:** LATIN AMERICAN MULTICHANNEL ADVERTISING COUNCIL, INC.**FILED**  
**Jan 20, 2021**  
**Secretary of State**  
**8551655716CC****Current Principal Place of Business:**13611 S. DIXIE HWY  
SUITE 482  
MIAMI, FL 33176**Current Mailing Address:**13611 SOUTH DIXIE HWY  
SUITE 109-482  
MIAMI, FL 33176 US**FEI Number: 43-1989548****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 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

Title CHAIRMAN  
Name MARTINEZ, ENRIQUE  
Address 1 ALHAMBRA PLAZA, STE 1460  
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 ACOSTA, JUAN CARLOS  
Address 161 NW 6 STREET  
1200  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name RICHARDSON, WHIT  
Address 1050 TECHWOOD DRIVE  
City-State-Zip: ATLANTA GA 30303

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*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: ENRIQUE MARTINEZ****CHAIRMAN****01/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SCHULTZ, THEODORE CHARLES
Address	601 BRICKELL KEY DRIVE, STE 200
City-State-Zip:	MIAMI FL 33131