

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 739234 (3)**

1. Corporation Name

**ASOCIACION DE PUBLICITARIOS LATINOAMERICANOS, IN  
NC.**

Principal Place of Business

Mailing Address

801 S. BAYSHORE DR.  
STE 463  
MIAMI FL 33131

801 S. BAYSHORE DR.  
STE 463  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1977

3a. Date of Last Report

08/02/1994

4. FEI Number

65-0134616

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTURO, GIRONA  
801 S. BAYSHORE DR.  
STE 463  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GIRONA, ARTURO
STREET ADDRESS	801 S. BAYSHORE DR. STE 463
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	NARANJO, ORLANDO
STREET ADDRESS	1417 W. FLAGLER ST.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	ALEJONDRO, AGUIRRE
STREET ADDRESS	2900 NW 39TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	VS
NAME	VINCENTE, DR JOSE'
STREET ADDRESS	627 SW 27TH AVE
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	FONSECA, C. MIGUEL
STREET ADDRESS	5765 W. 16TH LANE
CITY - ST - ZIP	HIALEAH FL
TITLE	VT
NAME	SAHAGUN, JESUS
STREET ADDRESS	801 S. BAYSHORE DR.
CITY - ST - ZIP	MIAMI FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE:

*Arturo Girona*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ARTURO GIRONA

PRESIDENT

4/26/98 (305) 854-8847

Date (Type in figure)