FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

FILED May 20 1997 8:00am Secretary of State

ASOCIACION DE PUBLICITARIOS LATINOAMERICANOS, II NC. Principal Place of Business Mailing Address									
BOI S. BAYSHO	DRE DR.	801 S. BAYSHORE DR. STE 463							
STE 463 MIAMI FL 33131		MIAMI FL 33131-2922		3. Date Incorporated or Qualified 06/06/1977	3a. D	ate of Last F 08/05/19	leport 96		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		- 	pplied For
21		26				65-0134616			ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	θ	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has fiability for			s. 199.032,
24	25	29	30				Yes		
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New Re	Bisteled	Agent	
ADTHIDA	CIDONA								
ARTURO, GIRONA 801 S. BAYSHORE DR.				82	Street A	ddress (P.O. Box Number is Not Acceptat	ress (P.O. Box Number is Not Acceptable)		
STE 463				83					
MIAMI FL 33131				84	City			os Zin	Code
					·		FL	.	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida State of Florida State	tutes, the at	oove	e-named c	orporation submits this statement for the poration's board of directors. I hereby acce	urpose o	f changing i	ts registered
agent. I a	im familiar with, and accept the obl	igations of, Section 617.0503.	Florida Stat	utes		salion of board or an octoror. This copy about	or the dep	om(mone do	rogistorea
SIGNATURE		J. Ol. H	interes						
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	a Age	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS ANI	DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 70	LE		100000000000000000000000000000000000000		Change	Addition
NAME	GIRONA, ARTURO		1.2 NA	ME					
STREET ADDRESS	801 S. BAYSHORE DR. STE	463	1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-S	T-ZIP		· .		
TITLE	VD	☐ DELETE	2.1 ¹ TI	ILE				Change	Addition
NAME	NARANJO, ORLANDO		2.2 _, N/		1				
STREET ADDRESS	1417 W. FLAGLER ST.		1		ADDRESS				
CITY-ST-ZIP	/ MIAMI FL SD	DELETE	2. 4 C 3.1 70		ST-ZIP			Change	Addition
NAME	ALEJONDRO, AGUIRRE		3.2 N/					- ondinge	L Augusti
STREET ADDRESS	2900 NW 39TH ST.				ADDRESS				
CITY-ST-ZIP	MIAMI FL				I-ZIP				
TITLE	VŠ	☐ DELETE	4.1 TI					Change	Addition
NAME	VINCENTE, DR JOSE'		4. 2 N	AME					
STREET ADORESS	627 SW 27TH AVE		4.3 ST	REET	ADDRESS				
CITY-ST-ZIP_	MIAMI FL		4.4 CI	TY-S	T-ZIP				
TITLE	Ţ	☐ DELETE	5.1 10	ILE				Change	Addition
NAME	FONSECA, C. MIGUEL		5.2 N/	ME					
STREET ADDRESS	5765 W. 16TH LANE		5.3 51	REE1.	ADDRESS				
CITY-ST-ZIP	HIALEAH FL	Mariera	5.4 CI		T-ZIP			~ <u>~~</u>	7.00
TITLE	VT	☐ DELETE	6.1 (1)		[☐ Change	Addition
NAME OTOSSE ADDRESS	SAHAGUN, JESUS		6.2 N/						
STREET ADDRESS	801 S. BAYSHORE DR.				ADDRESS				
CITY-ST-ZIP	MIAMI FL		6.4 00			stad in Castion 110 07(2)(i) Elorida Clatuta	a 1 f		

I do nereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 eath; 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 an attachment with an address.