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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739234

1. Corporation Name
ASOCIACION DE PUBLICITARIOS LATINOAMERICANOS, IN
NC.

419575 - 90213 - 6

Principal Place of Business

801 S. BAYSHORE DR.
STE 463
MIAMI FL 33131

Mailing Address

801 S. BAYSHORE DR.
STE 463
MIAMI FL 33131



2. Principal Place of Business

21 801 Brickell Bay Drive

Suite, Apt. #, etc.
22 Suite 463

23 City & State
Miami, FL

24 Zip Country
33131 US

2a. Mailing Address

26 801 Brickell Bay Drive

Suite, Apt. #, etc.
27 Suite 463

28 City & State
Miami, FL

29 Zip Country
33131 US

3. Date Incorporated or Qualified

06/06/1977

4. FEI Number
65-0134616

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Elector Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

801 Brickell Bay Drive

83 Suite 463

84 City
Miami

85 Zip Code
FL 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C(7)(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 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 an attachment with an address, with all other like empowered

SIGNATURE:

ARTURO GIRONA 4/16/99 305 374 3922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)