

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90141 049 \*\*\*150.00

DOCUMENT # F94000003873

1. Corporation Name

REUTERS LATIN AMERICA MEDIA SERVICES INC.

Principal Place of Business

1700 BROADWAY 40TH FLOOR  
NEW YORK NY 10019

Mailing Address

1700 BROADWAY 40TH FLOOR  
NEW YORK NY 10019



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1994

4. FEI Number

13-3756993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 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 607.0505, 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 CPD  
NAME GLOECER, THOMAS  
STREET ADDRESS 40 E. 52ND ST.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE SVP  
NAME PIHA, ISAAC  
STREET ADDRESS 1700 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10019

TITLE AS  
NAME DIAZ, MARIA  
STREET ADDRESS 1700 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10019

TITLE D  
NAME TURNER, DAVID  
STREET ADDRESS 40 E. 42ND ST.  
CITY-ST-ZIP NEW YORK NY 10019

TITLE AS  
NAME MARTORANO, GERARD  
STREET ADDRESS 1700 BROADWAY, 40TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10019

TITLE SVP  
NAME ADRIAN OWEN  
STREET ADDRESS 1700 BROADWAY  
CITY-ST-ZIP NEW YORK NY 10019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SVP  
1.2 NAME Adrian Owen  
1.3 STREET ADDRESS 1700 Broadway  
1.4 CITY-ST-ZIP New York, New York 10019

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

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

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

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

6.1 TITLE  
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 119.07(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 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 607, 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

212-603-3457

CR2E034 (1/98)