


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90211 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004373

1. Corporation Name
HBO LATIN AMERICA MEDIA SERVICES, INC.



Principal Place of Business 5201 BLUE LAGOON DR. SUITE 270 MIAMI FL 33126	Mailing Address 5201 BLUE LAGOON DR. SUITE 270 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/11/1995	4. FEI Number 65-0614312	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
22	27	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
City & State	City & State			
23	28			
Zip	Country			
24	25			
	29			
	30			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S.PINE ISLAND RD. PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	CEO = M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGANI, JOSE M	1.2 NAME	
STREET ADDRESS	5201 BLUE LAGOON DR.#270	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT = P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMACHE, BRUCE	2.2 NAME	ELE JUAREZ
STREET ADDRESS	5201 BLUE LAGOON DR, SUITE 270	2.3 STREET ADDRESS	5201 Blue Lagoon Dr, Suite 270
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT/SECRETARY = V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OPER, FELICE B	3.2 NAME	CRISTINA L NIENBOZA
STREET ADDRESS	5201 BLUE LAGOON DR, SUITE 270	3.3 STREET ADDRESS	5201 BLUE LAGOON DR, SUITE 270
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TREASURER = T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BLANCA FERNANDEZ
STREET ADDRESS		4.3 STREET ADDRESS	5201 BLUE LAGOON DR, SUITE 270
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Blanca Fernandez **BLANCA FERNANDEZ** Date: 2/22/99 Daytime Phone #: 305-266-7763

CR2E034 (1/98)