
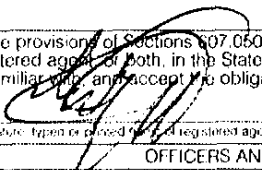
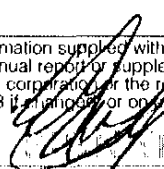


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G12712 (7) 1. Corporation Name SOUTH AMERICAN MARKETING CORP.					
Principal Place of Business 7340 SW 48 ST. #103 MIAMI FL 33155			Mailing Address 7340 SW 48 ST. #103 MIAMI FL 33155-5520		
2. Principal Place of Business 21 815 NW 57 AVE Suite, Apt. #, etc. 22 #401 City & State 23 MIAMI FL Zip 24 33126		2a. Mailing Address 26 815 NW 57 AVE Suite, Apt. #, etc. 27 #401 City & State 28 MIAMI FL Zip 29 33126		3. Date Incorporated or Qualified 12/10/1982 3a. Date of Last Report 04/10/1996 4. FEI Number 59-2398974 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PUENTES, JUAN A. 7340 SW 48 ST. #103 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name ALBERDI, HENRY G. 82 Street Address (P.O. Box Number is Not Acceptable) 815 NW 57 Ave 83 #401 84 City MIAMI FL 85 Zip Code 33126		
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:  HENRY G. ALBERDI 12/20/96 Signature typed or printed of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE PD NAME ALBERDI, HENRY G STREET ADDRESS 7340 SW 48 ST, #103 CITY-ST-ZIP MIAMI FL 33155 TITLE STD NAME PUENTES, JUAN A STREET ADDRESS 7340 SW 48 ST, #103 CITY-ST-ZIP MIAMI FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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 do 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 applicable or on an attachment with an address. SIGNATURE:  HENRY G. ALBERDI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)