

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J84947 (7)

1. Corporation Name

CREATIVE MEDIA ADVERTISING, INC.



Principal Place of Business

Mailing Address

C/O MARCIA KIGER
6915 RED ROAD S-228
CORAL GABLES FL 33143

C/O E.G. HILLIS. SOUTHAM INC.
1450 DON MILLS ROAD
DON MILLS. ONTARIO. CANADA M3B2X-7

3. Date Incorporated or Qualified 07/27/1987	3a. Date of Last Report 10/30/1995
4. FEI Number 65-0204674	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 checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, JORGE
C/O KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BOULEVARD 20TH FLOOR
MIAMI FL 33131-2399

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	THOMAS, HUW	
STREET ADDRESS	1450 DON MILLS ROAD	
CITY-STATE-ZIP	DON MILLS ON	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORDEN, BEVERLY A	
STREET ADDRESS	1450 DON MILLS ROAD	
CITY-STATE-ZIP	DON MILLS ON	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAIG, JOHN G	
STREET ADDRESS	1450 DON MILLS RD	
CITY-STATE-ZIP	DON MILLS ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	J. Blair Mackenzie
4.4 CITY-STATE-ZIP	1450 Don Mills Road
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

600001744086
-03/15/96--01055--008
***400.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

J. B. Mackenzie
Blair Mackenzie

Feb 28/96 (416) 445-6641

Date

Daytime Phone #

CR2E034 (12/95)

PS 3/14/96

J84947 Pg. 2

INFORMATION AMERICA NETWORK--FLORIDA

1 SECRETARY OF STATE CORPORATE/LTD PARTNERSHIP--Detail
Information last updated 02- 8-1996

08-FEB-1996

Page 1/4

Corporate Name: SOUTHEX EXHIBITIONS, INC.

Address: 6915 RED ROAD, S-228
CORAL GABLES, FL 33143 US

Date of Address Change: 04/13/94

Document Number: F93000004871

FEIN: 13-2855174

Type: FOREIGN CORP

State of Incorporation: DELAWARE

Date of Authorization: 10/27/1993

Effective Date: 12/31/1993

Status: ACTIVE/FOREIGN PROF

Latest Annual Report(s): (1994) BN 04/13/94
(1995) B 04/11/95

RETURN=More Information P#=Page E=Exit to Summary

J84947 Pg.3

INFORMATION AMERICA NETWORK--FLORIDA
1 SECRETARY OF STATE CORPORATE/LTD PARTNERSHIP--Detail
SOUTHEX EXHIBITIONS, INC.

08-FEB-1996
Page 2/4

Registered Agent: GUTIERREZ, JORGE R
& KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI, FL 33131 US

Registered Agent Changed: 12/11/95
Agent Address Changed: 12/11/95

***** OFFICERS AND DIRECTORS *****

Name and Address	Title(s)
: MORDEN, BEVERLEY A. 1450 DON MILLS RD. DON MILLS, ONTARIO M3B 2X7,	PRESIDENT
: THOMAS, J. HUW 1450 DON MILLS RD. DON MILLS, ONTARIO M3B 2X7,	SECRETARY VICE PRESIDENT PRESIDENT

RETURN=More Information P#=Page E=Exit to Summary

584947 pg.4

08-FEB-1996
Page 3/4

INFORMATION AMERICA NETWORK--FLORIDA
1 SECRETARY OF STATE CORPORATE/LTD PARTNERSHIP--Detail
SOUTHEX EXHIBITIONS, INC.

***** OFFICERS AND DIRECTORS (Cont'd) *****	
Name and Address	Title(s)
: MACKENZIE, BLAIR J 1450 DON MILLS RD DON MILLS, ON	ATTORNEY (OR ADMINISTRATOR) SECRETARY
: GIBBINGS, BRIAN R 1450 DON MILLS RD. DON MILLS, ONTARIO M3B 2X7,	TREASURER (OR TRUSTEE)
: CRAIG, JOHN G 1450 DON MILLS RD. DON MILLS, ONTARIO M3B 2X7,	DIRECTOR

RETURN=More Information P#=Page E=Exit to Summary