

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M08105 (2)
 1. Corporation Name
A.I.B. ASSOCIATED ADVERTISERS, INC.

Principal Place of Business 2500 NW 78TH AVE. MIAMI FL 33122	Mailing Address 2500 NW 78TH AVE. MIAMI FL 33122-1071
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1984	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 29-2482075		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOPEZ, JORGE A. 2500 NW 78TH AVE. MIAMI FL 33122		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 DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, JOSE		1.2 NAME	
STREET ADDRESS 2500 NW 79 AVE		1.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		1.4 CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORGAS, ED. S.		2.2 NAME	
STREET ADDRESS 2500 NW 79 AVE		2.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		2.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, JORGE A.		3.2 NAME	
STREET ADDRESS 2500 NW 79 AVE		3.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		3.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOTO, JOHN M.		4.2 NAME	
STREET ADDRESS 2500 NW 79 AVE		4.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		4.4 CITY - ST - ZIP	
TITLE EVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, EVA		5.2 NAME	
STREET ADDRESS 2500 NW 79 AVE		5.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		5.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERNANDEZ, SERGIO		6.2 NAME	
STREET ADDRESS 2500 NW 79 AVE		6.3 STREET ADDRESS	
CITY - ST - ZIP MIAMI FL		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 changed, or on an amendment with an address.

SIGNATURE:  **JORGE A. LOPEZ** 4/24/97 (305) 715-0000 ext 3379
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)