

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

FILED  
Apr 17 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 # M56966 (8)  
1. Corporation Name  
INTERNATIONAL MARKETING & ADVERTISING INC.



Principal Place of Business 250 CATALONIA AVENUE SUITE 507 CORAL GABLES FL 33134	Mailing Address 250 CATALONIA AVENUE SUITE 507 CORAL GABLES FL 33134-6730
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1987		3a. Date of Last Report 05/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0514571		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		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 GALOPPI, ROBERTO 250 CATALONIA AVENUE SUITE 507 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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	PS	1.1 TITLE	S
NAME	CIBA, ANDREA R	1.2 NAME	CIBA, ANDREA R
STREET ADDRESS	250 CATALONIA AVE.	1.3 STREET ADDRESS	250 CATALONIA AVE.
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		2.1 TITLE	T
NAME		2.2 NAME	GALOPPI, FABIO
STREET ADDRESS		2.3 STREET ADDRESS	250 CATALONIA AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		3.1 TITLE	P
NAME		3.2 NAME	GALOPPI, ROBERTO
STREET ADDRESS		3.3 STREET ADDRESS	250 CATALONIA AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 305-446-1303

Date

Daytime Phone #

0183026

CR2E034 (9/96)