

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000002389 (2)**

1. Corporation Name

LATIN AMERICAN MARKETING ASSOCIATION, INC.



Principal Place of Business % 701 BRICKELL AVE. SUITE 1200 MIAMI FL 33131	Mailing Address % 701 BRICKELL AVE. SUITE 1200 MIAMI FL 33131
---	---

3. Date Incorporated or Qualified 05/02/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21 200 S. Biscayne Blvd. Suite, Apt. #, etc. 22 20th Floor City & State 23 Miami, FL Zip 24 33131	2a. Mailing Address 26 200 S. Biscayne Blvd. Suite, Apt. #, etc. 27 20th Floor City & State 28 Miami, FL Zip 29 33131	Country 25 USA	Country 30 USA
---	--	--------------------------	--------------------------

4. FEI Number 65-0662263	Applied For <input type="checkbox"/> 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
--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSSZ FIU CORPORATION
701 BRICKELL AVE.
SUITE 1200
MIAMI FL 33131
(Change of Address Only)

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	200 S. Biscayne Blvd., 20th Floor
84 City	Miami
85 Zip Code	FL 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, LYNN H	
STREET ADDRESS	% 701 BRICKELL AVE. SUITE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, GABRIEL	
STREET ADDRESS	% 701 BRICKELL AVE. SUITE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEEZEM, JAN C	
STREET ADDRESS	% 701 BRICKELL AVE. SUITE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		(Address Only)
1.3 STREET ADDRESS	200 S. Biscayne Blvd., 20th Floor	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		(Address Only)
2.3 STREET ADDRESS	200 S. Biscayne Blvd., 20th Floor	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		(Address Only)
3.3 STREET ADDRESS	200 S. Biscayne Blvd., 20th Floor	
3.4 CITY-ST-ZIP	Miami, FL 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JAN CARSON CHEEZEM** 4/29/97 (305) 358-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078330

CR2E037 (9/96)