

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

## DOCUMENT # **N96000002389**

1. Corporation Name

LATIN AMERICAN MARKETING ASSOCIATION, INC.

Principal Place of Business
200 S BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131
US

Mailing Address 200 S BISCAYNE BLVD

## **FILED** Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90038 015 \*\*\*\*61.25

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20TH FLOOR MIAMI FL 3313	H	20TH FLOOR MIAMI FL 33131				
US	"	US				
00		•				• •
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 05/02/1996	
21		26				<del></del>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For
22		[27]			65-0662263	Not Applicable
City & Stat	е	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	<u> </u>	Zip	Countr		C. Election Comparing Financing	\$5.00 May Be
Zip	Country	<del> </del>	_	,	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
24	25	[29]	30		10. Name and Address of New Register	
<b></b>	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Hante and Address of New Register	ou rigone
1			*	I IVAIIIB	•	
ROSSZ FI	U CORPORATION		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)	
	CAYNE BLVD					<u> 4 </u>
20TH FLO			8:	3		
MIAMI FL			8	4 65		85 Zip Code
MINMITL	33131		8	4 City	F	L 63 Zip code
11 Burguent	to the provisions of Sections 617.05	02 and 617 1508 Florida Stati	utes the abo	ve-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized b	y the corporat	tion's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statute	·S.		
SIGNATURE					·	
	Signature, typed or printed name of registered ag			ent signature requir	red when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	ļ		Change Addition
NAME	ROBERTS, LYNN H		1.2 NAME			
STREET ADORÉSS	200 S BISCAYNE BLVD 20TH	FLOOR	1.3 STRE	ET ADDRESS	•	
CITY+ST-ZIP	MIAMI FL		1,4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	GONZALEZ, GABRIEL		2.2 NAME	.		· , .
i	200 S BISCAYNE BLVD 20TH	EI 00B		ET ADDRESS		-
STREET ADDRESS		rtoon		1		,
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2. 4 CITY 3.1 TITLE		·	☐ Change ☐ Addition
TITLE	D	□ pereie				
NAME	CHEEZEM, JAN C		3.2 NAME			
STREET ADDRESS	200 S BISCAYNE BLVD 20TH	FLOOR	3.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP	MIAMI FL		3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		w .
CITY-ST-ZIP			4.4 CITY	ST-ZIP	•	·
TITLE	<u> </u>	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	1		5.2 NAME	I		•
	1			ET ADDRESS		,
STREET ADDRESS			5.4 C/TY-		. ,	
CITY-ST-ZIP			6.1 TITLE		<del></del>	☐ Change ☐ Addition
TITLE		☐ DELETE				
NAME			6.2 NAME			
STREET ADDRESS	.[		6.3 STRE	ET ADDRESS		
I	1		64 CITY	ST. 7ID		•

14. I 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, with all other like empowered.

SIGNATURE: