

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000004423 (8)

1. Corporation Name

ADVERTISING-ON-THE-GO, INC.



Principal Place of Business

Mailing Address

13250 S.W. 44 ST.
MIAMI FL 33175

13250 S.W. 44 ST.
MIAMI FL 33175

2. Principal Place of Business

2a. Mailing Address

21 782 N.W. Le Jeune Rd.

26 782 N.W. Le Jeune Rd.

22 Suite, Apt. #, etc.
Suite 630

27 Suite, Apt. #, etc.
Suite 630

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip Country
33126 USA

29 Zip Country
33126 USA

3. Date Incorporated or Qualified
01/20/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0387690

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINCADE, LOURDES F
13250 S.W. 44 ST.
MIAMI FL 33175

81 Name
JOAQUIN R. CALVAR

82 Street Address (P.O. Box Number is Not Acceptable)
2220 S.W. 89th. Av.,

83

84 City Miami FL 85 Zip Code 33165

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 in printed name of registered agent and the legal date

DATE Registered Agent Signature required of non-managing

DATE

[Handwritten Signature]

June 18 - 1996

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	KINCADE, LOURDES F	
STREET ADDRESS	13250 S.W. 44 ST.	
CITY - ST - ZIP	MIAMI FL 33175	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	INTRIAGO, LOURDES	
3. STREET ADDRESS	782 N.W. Le Jeune Rd. Suite 630	
4. CITY - ST - ZIP	MIAMI, FL 33126	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5. 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		

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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:

[Handwritten Signature] *Res: May 31/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

CP2E034 (12/95)