

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000016971 (1)

1. Corporation Name

INTERAMERICA MEDIA MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

2655 LEJEUNE ROAD
SUITE 610
CORAL GABLES FL 33134

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SUITE 610
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
03/03/1994

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

4. FEI Number

65-0474900

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENIE, SAMUEL
2655 LEJEUNE ROAD
SUITE 610
CORAL GABLES FL 33134

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

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 D ☐ DELETE
NAME GENIE, SAMUEL
STREET ADDRESS 2655 LEJEUNE ROAD, SUITE 610
CITY-ST-ZIP CORAL GABLES FL 33134

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

12 NAME

TITLE ☐ DELETE

13 STREET ADDRESS

TITLE ☐ DELETE

14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

22 NAME

TITLE ☐ DELETE

23 STREET ADDRESS

TITLE ☐ DELETE

24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

32 NAME

TITLE ☐ DELETE

33 STREET ADDRESS

TITLE ☐ DELETE

34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

42 NAME

TITLE ☐ DELETE

43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

52 NAME

TITLE ☐ DELETE

53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

62 NAME

TITLE ☐ DELETE

63 STREET ADDRESS

TITLE ☐ DELETE

64 CITY-ST-ZIP

TITLE ☐ DELETE

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

Samuel Genie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (305) 567-9095
Date Daytime Phone

CR2E034 (12/95)