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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000013528 (1)

IDG LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
5757 BLUE LAGOON DRIVE SUITE 230 MIAMI FL 33126	5 SPEEN STREET Framingham ma 01701-467

## **FILED** Jan 27 1997 8:00am Secretary of State

5757 BLUE LA SUITE 230		Mailing Addre 5 SPEEN STRE FRAMINGHAM I	ET	4					
MIAMI FL 33126						3. Date Incorporated or Qualified	te of Last Report		
						02/16/1995	03/28	/1996	
· ·	Place of Business	2a. Mailing Ad	dress			4. FEI Number			oplied For
Suite, Apt.	# etc	26 Suite, Apt	#. etc			65-0556506		\$8.75	ot Applicable
22		27	, 0.0.			5. Certificate of Status Desired		Fee Re	
City & Sta	te	Cily & Stat	9		·	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added I	
Zıp	Country	Zip		Country	,	8. This corporation has liability for			. 199.032,
24	25	29		0		Florida Statutes  10. Name and Address of New F	Yes 🗌		
	9. Name and Address of Curre	iii vedisielea waeu		81	Name	JU. Name and Address of New F	enistatan Vî	<u> </u>	
	LAZON, SANTIAGO J					······································			
	i7 blue lagoon drive ITE 230			82	Street Ad	ddress (P.O. Box Number is Not Accept	able)		
	MI FL 33126			83	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·			
ITIM	HAIL I P MA IPA			84	City			or 7in	Code
				04	City		FL	85 Zip (	COGE
SIGNATURE	Signature, typind or product name of registered as	gent and title Cappicable ND DIRECTORS	(NOTE:	Registered Ap	eni signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	NIBECTOE	2C IN 12
TITLE	P		DELETE	1.1 YITLE		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	VILLAZON, SANTIAGO J			1.2 NAME			•		
STREET ADDRESS				1.3 STREET	ADDRESS				
CITY-S1-ZIP	MIAMI FL			1.4 CITY-5	ST-ZIP				
TITLE	VTD		DELETE	2.1 TITLE				Change	Addition
NAME	BLOOM, EDWARD B			2.2 NAME					
STREET ADORESS	1			2.3 STREET	1				
CITY-S1-ZIP TITLE	WELLESLEY MA		DÉLETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		r	Change	Addition
NAME	KARLIN, MIRIAM	لبيا		3.2 NAME			_		based - No. 1. 1911
STREET ADDRESS				1	F ADDRESS				
CITY - ST - ZIP	WORCESTER MA			3.4. CITY -					
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		<u> </u>	DELETE	4.4 CITY-1	ST-ZIP		Г	Change	Addition
TITLE			DELLIC	5.1 TITLE 5.2 NAME	ļ		L.	™ ∧ıκııñc	L.J. NOW(UI)
NAME STREET AODRESS					T ADDRESS				
CITY - ST - ZIP				5.4 CITY -					
TITLE			DELETE	6.1 TITLE			E	Change	Addition
NAME				6.2 NAME	1				
STREET ADDRESS				6.3 STREE	T ADDRESS				
CITY-SI-ZIP				6.4 City-:	ST-7IP				

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: Miriam & Karlin