

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S78448** (5)
1. Corporation Name
INTERNATIONAL BRAZILIAN ADVERTISING CORPORATION



Principal Place of Business: **520 BRICKELL KEY DR. SUITE 0-305 MIAMI FL 33131**
Mailing Address: **520 BRICKELL KEY DR. SUITE 0-305 MIAMI FL 33131**

2. Principal Place of Business: **501 Brickell Key Drive Suite 400 Miami, Florida 33131 U.S.A.**
2a. Mailing Address: **501 Brickell Key Dr. Suite 400 Miami, Florida 33131 U.S.A.**

3. Date Incorporated or Qualified: **09/09/1991**
3a. Date of Last Report: **03/28/1995**
4. FLIN Number: **65-0288886**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.03? Florida Statute: No
Applied For: Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: **SLOSBERGAS, NELSON 520 BRICKELL KEY DR. SUITE 0-305 MIAMI, FL 33131**

10. Name and Address of New Registered Agent: **81 Name: SLOSBERGAS, NELSON 82 Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive 83 Suite 400 84 City: Miami, FL 85 Zip Code: 33131**

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 approved 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 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1	DP	<input type="checkbox"/> Delete
TITLE	SOARES, RODRIGO	
NAME	520 BRICKELL KEY DR	
STREET ADDRESS	MIAMI FL	
CITY-STATE-ZIP		
12.2		<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.3		<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12.4		<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

13.1	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add or
TITLE	SOARES, RODRIGO	
NAME	501 Brickell Key Drive, Suite 400	
STREET ADDRESS	Miami, Florida 33131	
CITY-STATE-ZIP		
13.2		<input type="checkbox"/> Change <input type="checkbox"/> Add or
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
13.3		<input type="checkbox"/> Change <input type="checkbox"/> Add or
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
13.4		<input type="checkbox"/> Change <input type="checkbox"/> Add or
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied by this filing accurately furnishes and does not omit, for the purposes of section 119.02(3)(a), Florida Statutes, I further certify that the information indicated on this annual report or corporate 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 register 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 registered times 12 or 13 as a class.

SIGNATURE: *Rodrigo Soares* 3/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

CR2E034 (12/95)