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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V08416

(2)

INTERAMERICAN MEDIA REPRESENTATIVES, INC.

Mailing Address

FILED Jan 29 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	P. O. BOX 831988 Miami Fl. 33283-1988			L 1984 SITEN ORIGI 1850 BISBI NON SIN SIAN BISI STEN SIEN DIEN SIEN SIEN SIEN			
9040 S.W. 72N SUITE 20		MIAMI FL 33283-198							
MIAMI-FL 3317	2011 9	US				3. Date incorporated or Qualified 01/21/1992		ite of Last 01/1996	
2. Principal P	face of Business	2a. Mailing Address	3			4. FEI Number			Applied For
302	7 LAKewood)	A. 26				65-0307717			Not Applicable
Suite, Apt.		Suite, Apt. #, et	c.	·····		5. Certificate of Status Desired			Additional Required
City & State	· Cauderdale : F	City & State				Election Campaign Financing Trust Fund Contribution			May Be
24 333	Country	Zip	Cou	untry		8. This corporation has liability for			
24 3 7 2 S	25 Broward	29	30				Yes [•
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New R	egistered .	Agent	
CAN	IO, ELSSY			81	Name				
	7 LAKEWOOD DR.			82	Ctroot Add	ress (P.O. Box Number is Not Accepta	hio)		
	LAUDERDALE FL 33332			02	Street Add	ress (F.O. Box Number is Not Accepta	ыву		
				83					
				84	City	·	P. I	85 Zij	p Code
				Ш		poration submits this statement for the	FL_		
SIGNATURE	m familiar with, and accept the oblig	,				ired when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	
TITLE	PTD	DELE	TE 1,1 T	TLE				Change	e 🔲 Additio
NAME	CANO, LUIS ALBERTO		1.2 N	IAME					
STREET ADDRESS	3027 LAKEWOOD DR.		1.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL			ITY-S	T-ZIP				
TITLE	SVD	☐ DELE	TE 2.1 TI	ITLE				☐ Change	e [_] Addition
NAME	CANO, ELSSY		2.2 N	AME					
STREET ADDRESS	3027 LAKEWOOD DR.		2.3 \$	TREET	ADORESS				
CITY-SY-ZIP	FT. LAUDERDALE FL	T brus		CITY-S	ST-ZIP			T 160	717000
TITLE		☐ DELE	1					☐ Change	e L. Addition
NAME			32 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP		DELE		CHTY - S	ST - ZIP			Change	e Addition
TITLE		<u> </u>	1		}			first charift	ם ויין אטעי(ועו
NAME				NAME	1000cc				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		☐ DELE		ITY-S	1-2112			☐ Change	e Addition
		ر_ ⊅ددد	•	IAME				— Ordings	
NAME CTREET ADDRESS					ADORESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELE		HTY-S HTLF	1-21		······	Change	e
NAME			1	IAME					
STREET ADDRESS					ADDRESS				
					1				
C/TY - ST - ZIP	i		■ 6.40	ITY-S	a-7P				

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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plack 13 or Block 13 or Bloc appears in Block 12 or Block 13 if changed, ittachment with an address.