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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **827768** (3)

1. Corporation Name

SOCIEDAD INTERAMERICANA DE PRENSA, INC (A DELAWARE CORPORATION)

Principal Place of Business

Mailing Address

2911 NW 39TH ST
MIAMI FL 33142

2911 NW 39TH ST
MIAMI FL 33142-5148



3. Date Incorporated or Qualified **04/11/1972** 3a. Date of Last Report **06/03/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-1678666	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNOZ, JULIO E
2911 NW 39TH ST.
MIAMI FL 33142

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 617.0502 and 617.1508, 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 617.0503, 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	S <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVALOS, HECTOR	1.2 NAME	OLIVER F. CLARKE
STREET ADDRESS	BALDERAS 87	1.3 STREET ADDRESS	7 NORTH ST.
CITY-ST-ZIP	MEXICO	1.4 CITY-ST-ZIP	KINGSTON, JAMAICA
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEATON, EDWARD	2.2 NAME	JORGE E. FASCETTO
STREET ADDRESS	400 S. DELAWARE	2.3 STREET ADDRESS	FLORIDA 520, 4to. PISO, OFIC. 406
CITY-ST-ZIP	MANHATTAN KA 66502	2.4 CITY-ST-ZIP	BUENOS AIRES, ARGENTINA
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, DAVID J	3.2 NAME	JULIO C.F. DE MESQUITA
STREET ADDRESS	ONE HERALD PLAZA	3.3 STREET ADDRESS	AV. ENG. CAETANO ALVARES, 55
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	SAO PAULO, SP, BRASIL
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDERSON, TONY	4.2 NAME	ALEJANDRO J. AGUIRRE
STREET ADDRESS	3906 TRAPPERS FOREST	4.3 STREET ADDRESS	2900 NW 39TH. ST.
CITY-ST-ZIP	HOUSTON TX 77088	4.4 CITY-ST-ZIP	MIAMI, FL. 33142
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, JULIO E	5.2 NAME	
STREET ADDRESS	7360 SW MONTGOMERY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANO, LUIS G	6.2 NAME	
STREET ADDRESS	CARRERA 7A NO 132-10 AP 504	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOGOTA, COLOMBIA	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/97 (305)6342465

Date

Daytime Phone # 0029919

CP2E037 (9/96)