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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12762

1. Corporation Name

**INTER-AMERICAN DIVISION PUBLISHING ASSOCIATION,
INC.**

Principal Place of Business

C/O RAMON H. MAURY
1890 NW 95TH AVE. P.O. BOX 520627
MIAMI FL 33172

Mailing Address

C/O RAMON H. MAURY
1890 NW 95TH AVE. P.O. BOX 520627
MIAMI FL 33172



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/30/1985

4. FEI Number

59-6001176

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

9. Name and Address of Current Registered Agent

**TORRES, ANTONIO
17941 SW 33 STREET
MIRAMAR FL 33029**

10. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 2/99

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **LEITO, ISRAEL**
STREET ADDRESS **15977 S.W. 110 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ DELETE
NAME **GALICIA, AGUSTIN**
STREET ADDRESS **5428 SW 152ND PL CIRCLE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **MAURY, RAMON H.**
STREET ADDRESS **12302 SW 104TH LANE**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE
NAME **TORRES, ANTONIO**
STREET ADDRESS **780 EAST 5 STREET**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S**
4.3 STREET ADDRESS **TORRES, ANTONIO**
4.4 CITY-ST-ZIP **17941 SW 33 STREET**
MIRAMAR, FL 33029

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

Feb. 2/99

Date

(305) 443-7471

Daytime Phone #

CR2E037 (11/98)