

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90091 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P27588

1. Corporation Name
EFE NEWS SERVICES (U.S.) INC.



Principal Place of Business
NATIONAL PRESS BUILDING
1252 WASHINGTON DC 20045
US

Mailing Address
1209 N. ORANGE ST.
WILMINGTON DE 19801
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
01/03/1990

4. FEI Number
52-1653883

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOZALO, MIQUEL ANGEL	1.2 NAME	
STREET ADDRESS	ESPRONCEDA, 32	1.3 STREET ADDRESS	
CITY-ST-ZIP	28003 MADRID, SPAIN	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, EMILIO	2.2 NAME	
STREET ADDRESS	1252 NAT'L PRESS BLDG.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, RAFAEL	3.2 NAME	
STREET ADDRESS	UN BLDG RM 484, UN PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSE A	4.2 NAME	
STREET ADDRESS	2655 LE JEUNE RD #1112	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAROFALO, GARY B.	5.2 NAME	
STREET ADDRESS	1201 CONNECTICUT AVENUE, NW #700	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDON, TERESITA A.	6.2 NAME	
STREET ADDRESS	1252 NAT'L PRESS BLDG	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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 607, 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: Emilio Sanchez **Emilio Sanchez, Vice President & Treasurer** April 16, 1999 (202)745-7692
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)

efe news services (u.s.) inc.
Spain's International News Agency

490288-90091-1
P27588

1252 National Press Building
Washington, D.C. 20045
Tel: (202) 745-7692
Fax: (202) 393-4119



April 16, 1999

ATTACHMENT

BLOCK 12. OFFICERS AND DIRECTORS

7.1 TITLE:	S
7.2 NAME:	MUÑOZ, MIGUEL ANGEL
7.3 ADDRESS:	ESPRONCEDA, 32
7.4 CITY-ST-ZIP:	28003 MADRID, SPAIN

