FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 16 1998 8:00am
Secretary of State

DOCUMENT # N12762   (3)

1. Corporation Name

INTER-AMERICAN DIVISION PUBLISHING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RAMON H. MAURY 1890 NW 95TH AVE. P.O. BOX 520627 MIAMI FL 33172	C/O RAMON H. MAURY 1890 NW 95TH AVE. P.O. BOX 520627 MIAMI FL 33172

3. Date Incorporated or Qualified
12/30/1985

4. FEI Number **59-6001176** | Applied For | Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24]	Country [25]	Zip [29]	Country [30]

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TORRES, ANTONIO 780 EAST 5 STREET HIALEAH FL 33010	81 Name **ANTONIO TORRES** 82 Street Address (P.O. Box Number is Not Acceptable) **17941 SW 33 STREET** 83 84 City **MIRAMAR** **FL** 85 Zip Code **33029**

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 **OP** NAME **LEITO, ISRAEL** STREET ADDRESS **15977 S.W. 110 ST** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **OV** NAME **GALICIA, AGUSTIN** STREET ADDRESS **5428 SW 152ND PL CIRCLE** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **MAURY, RAMON H.** STREET ADDRESS **12302 SW 104TH LANE** CITY-ST-ZIP **MIAMI FL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** NAME **TORRES, ANTONIO** STREET ADDRESS **780 EAST 5 STREET** CITY-ST-ZIP **HIALEAH FL 33010**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _Ramon H. Maury_ — Ramon H. Maury   March 3/98 (305) 443-7471

CR2E037 (10/97)