

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90017 015 ****70.00

DOCUMENT # N12762

1. Entity Name
INTER-AMERICAN DIVISION PUBLISHING ASSOCIATION, INC.



Principal Place of Business
**2905 NW 87TH AVE
MIAMI, FL 33122**

Mailing Address
**PO BOX 520627
MIAMI, FL 33126**

40000887



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6001176

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MAURY, RAMON H
12302 SW 104TH LANE
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name **Pablo Perla**
Street Address (P.O. Box Number is Not Acceptable)
11288 NW 51 Terrace
City **Doral** FL **33178**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DEPARTMENT OF STATE

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. 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 **FILIBERTO, VERDUZCO**
STREET ADDRESS **716 BOADADILLA STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☒ Delete
NAME **MAURY, RAMON H**
STREET ADDRESS **12302 SW 104TH LANE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Pablo Perla**
STREET ADDRESS **11288 NW 51 Terrace**
CITY-ST-ZIP **Doral FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2005

Date

(305) 599-0037

Daytime Phone #