


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 827767	
1. Entity Name IAPA PRESS INSTITUTE, INC.	

Principal Place of Business 1801 SW 3RD AVE 8TH FL MIAMI, FL 33129	Mailing Address 1801 SW 3RD AVE 8TH FL MIAMI, FL 33129
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01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1963541	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUNOZ, JULIO E 1801 SW 3RD AVE 8TH FL MIAMI, FL 33129

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRAISELBURD, RAUL DIAGONAL 80 N 815/21 LA PLATA, ARGENTINA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERRE, LUIS A REY RICARDO 392 GUAYNABO, PR 00969
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRUGMANN, BRUCE 135 MISSISSIPPI ST SAN FRANCISCO, CA 2536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZUCOLILLO, ALDO YEGROS 745 ASUNCION, PARAGUAY,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ADAMS, DAVID 490 1ST AVE N, PO BOX 1121 ST PETERSBURG, FL 33731
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNOZ, JULIO E 7100 SW 146TH ST MIAMI, FL 33158

DO NOT WRITE IN THIS SPACE

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: JULIO E. MUNOZ **EXECUTIVE DIRECTOR** **01/10/2004** **305-634-2465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #