

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Feb 23, 2006 8:00 am
Secretary of State

01-19-2006 90070 027 ****61.25

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	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent MUNOZ, JULIO E 1801 SW 3RD AVE 8TH FL MIAMI, FL 33129		DO NOT WRITE IN THIS SPACE	
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 <u>Julio E. Munoz</u> Signature, typed or printed name of registered agent and title if applicable.		Executive Director (NOTE: Registered Agent signature required when renewing)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	CALDWELL, ROBERT J		
STREET ADDRESS	13151 OLD SYCAMORE DRIVE		
CITY - ST - ZIP	SAN DIEGO, CA 92128		
TITLE	P		
NAME	MANTILLA, JAIME		
STREET ADDRESS	APARTADO 17-07-09069		
CITY - ST - ZIP	QUITO, EQUADOR.		
TITLE	V		
NAME	BRUGMANN, BRUCE		
STREET ADDRESS	135 MISSISSIPPI ST		
CITY - ST - ZIP	SAN FRANCISCO, CA 94104		
TITLE	T		
NAME	MOHME, GUSTAVO A		
STREET ADDRESS	JR. CAMANA NO 320		
CITY - ST - ZIP	LIMA, PERU.		
TITLE	V		
NAME	FASCETTO, FRANCISCO		
STREET ADDRESS	DIAGONAL 80 NO 815/21		
CITY - ST - ZIP	LA PLATA, ARGENTINA.		
TITLE	D		
NAME	MUNOZ, JULIO E		
STREET ADDRESS	7100 SW 146TH ST		
CITY - ST - ZIP	MIAMI, FL 33158		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Julio E. Munoz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Executive Director Date 02-13-06 Daytime Phone 305-634-2465	

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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number 13-1963541	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**



ATTACHMENT

66002164

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

IAPA PRESS INSTITUTE, INC.
1801 SW 3RD AVE
8TH FL
MIAMI, FL 33129

Subject: IAPA PRESS INSTITUTE, INC.

Reference Number: 827767

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION