2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2007 8:00 am **Secretary of State DOCUMENT #827767** 01-17-2007 90053 004 ****61.25 IAPA PRESS INSTITUTE, INC. Principal Place of Business Mailing Address 60002271 1801 SW 3RD AVE 1801 SW 3RD AVE 8TH FL 8TH FL MIAMI, FL 33129 MIAMI, FL 33129 01102007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-1963541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUNOZ, JULIO E DO NOT WRITE 1801 SW 3RD AVE 8TH FL IN THIS SPACE MIAMI, FL 33129 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CALDWELL, ROBERT J STREET ADDRESS 13151 OLD SYCAMORE DRIVE CITY-ST-ZIP SAN DIEGO, CA 92128 TITLE MANTILLA, JAIME NAME STREET ADDRESS APARTADO 17-07-09069 CITY-ST-ZIP QUITO, EQUADOR, TITLE NAME BRUGMANN, BRUCE STREET ADDRESS 135 MISSIPPI ST DO NOT WRITE CITY-ST-ZIP SAN FRANCISCO, CA 2536 IN THIS SPACE TITLE MOHME, GUSTAVO A NAME STREET ADDRESS JR. CAMANA NO 320 CITY-ST-ZIP LIMA, PERU, TITLE NAME FASCETTO, FRANCISCO STREET ADDRESS **DIAGONAL 80 NO 815/21**

12. I hereby certify that the information supplied with this filling 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.

OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

> Julio E. Munoz SIGNATURE AND TYPED OR PRINTED NAME OF

LA PLATA, ARGENTINA,

MUNOZ, JULIO E

MIAMI, FL 33158

7100 SW 146TH ST

01-11-2007

305-634-2465

FILED