

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

01-17-2006 90259 013 ****61.25

DOCUMENT # 827768			
1. Entity Name SOCIEDAD INTERAMERICANA DE PRENSA, INC.			
Principal Place of Business 1801 SW 3RD AVENUE 8T FLOOR MIAMI, FL 33129		Mailing Address 1801 SW 3RD AVENUE 8T FLOOR MIAMI, FL 33129	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-1678666		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUNOZ, JULIO E 1801 SW 3RD AVENUE 8TH FLOOR MIAMI, FL 33129		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>		Executive Director 01-10-06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when renewing) DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOLINA, RAFAEL	NAME	
STREET ADDRESS	FLORENCE TERRY NO. 4	STREET ADDRESS	
CITY-ST-ZIP	NACO, SANTO DOMINGO, DR, DR	CITY-ST-ZIP	
TITLE	P ☒ Delete	TITLE	P ☐ Change ☒ Addition
NAME	QUESADA, ALEJANDRO M	NAME	Daniels Diana
STREET ADDRESS	JR. ANTONIO MIRO QUESADA #300	STREET ADDRESS	1150 15th Street N.W.
CITY-ST-ZIP	LIMA, PERU.	CITY-ST-ZIP	Washington, DC 20071
TITLE	T ☒ Delete	TITLE	T ☐ Change ☒ Addition
NAME	MAUCKER, EARL	NAME	William E. Casey
STREET ADDRESS	200 EAST LAS OLAS BLVD	STREET ADDRESS	200 Liberty St.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	New York, NY 10281
TITLE	VP ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	DANIELS, DIANA	NAME	Maucker Earl
STREET ADDRESS	1150 15TH STREET, NW	STREET ADDRESS	200 East Las Olas Boulevard
CITY-ST-ZIP	WASHINGTON, DC 20071	CITY-ST-ZIP	Fort Lauderdale, FL 33301-2293
TITLE	M ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUNOZ, JULIO E	NAME	
STREET ADDRESS	7100 SW 148TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CORREA, JUAN L	NAME	
STREET ADDRESS	P.O. BOX 6-4586 EL-DORADO	STREET ADDRESS	
CITY-ST-ZIP	PANAMA, REPUBLIC OF PANAMA, 77500	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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>		Executive Director 02-06-06 305-634-2465	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

66001194



01102006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66001194

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

SOCIEDAD INTERAMERICANA DE PRENSA, INC.
1801 SW 3RD AVENUE
8T FLOOR
MIAMI, FL 33129

Subject: **SOCIEDAD INTERAMERICANA DE PRENSA, INC.**

Reference Number: 827768

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.

/rm

ANNUAL REPORTS SECTION