

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Myrtham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 13 1997 8:00am  
Secretary of State

**DOCUMENT # 827769 (1)**  
1. Corporation Name  
**INTER-AMERICA PRESS ASSOCIATION SCHOLARSHIP FUND, INC.**



Principal Place of Business Mailing Address  
**SCHOLARSHIP FUND INC.**  
**2911 N.W. 39TH STREET**  
**MIAMI FL 33142**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **28** Zip  
**24** Country **25** Country **29** Country **30** Country

3. Date Incorporated or Qualified **04/11/1972** 3a. Date of Last Report **06/03/1996**  
4. FEI Number **13-6128602** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**MUNOZ, JULIO E.**  
**2911 NW 39TH STREET**  
**MIAMI FL 33142**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                |
|----------------------------|----------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE                      | V <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | O'FARRILL, HILDA                             | 1.2 NAME                                              | STEPHEN HAMBLETT                                                               |
| STREET ADDRESS             | 2911 NW 39TH ST                              | 1.3 STREET ADDRESS                                    | 75 FOUNTAIN ST.                                                                |
| CITY-ST-ZIP                | MIAMI FL                                     | 1.4 CITY-ST-ZIP                                       | PROVIDENCE, RI 02902                                                           |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MUNOZ, JULIO E.                              | 2.2 NAME                                              | ROSARIO A. DE GALINDO                                                          |
| STREET ADDRESS             | 2911 N.W. 39TH ST                            | 2.3 STREET ADDRESS                                    | RICARDO J. ALFARO                                                              |
| CITY-ST-ZIP                | MIAMI FL                                     | 2.4 CITY-ST-ZIP                                       | PANAMA, PANAMA                                                                 |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | SEATON, EDWARD                               | 3.2 NAME                                              |                                                                                |
| STREET ADDRESS             | 400 S. DELAWARE                              | 3.3 STREET ADDRESS                                    |                                                                                |
| CITY-ST-ZIP                | MANHATTAN KA 66502                           | 3.4 CITY-ST-ZIP                                       |                                                                                |
| TITLE                      | T <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | HAMPTON, JAMES                               | 4.2 NAME                                              |                                                                                |
| STREET ADDRESS             | ONE HERALD PLAZA                             | 4.3 STREET ADDRESS                                    |                                                                                |
| CITY-ST-ZIP                | MIAMI FL                                     | 4.4 CITY-ST-ZIP                                       |                                                                                |
| TITLE                      | P <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | AGUIRRE, ALEJANDRO J.                        | 5.2 NAME                                              |                                                                                |
| STREET ADDRESS             | 2900 NW 39TH STREET                          | 5.3 STREET ADDRESS                                    |                                                                                |
| CITY-ST-ZIP                | MIAMI FL                                     | 5.4 CITY-ST-ZIP                                       |                                                                                |
| TITLE                      | S <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | MITRE, BAROLOME                              | 6.2 NAME                                              |                                                                                |
| STREET ADDRESS             | BOUCHARD 557                                 | 6.3 STREET ADDRESS                                    |                                                                                |
| CITY-ST-ZIP                | BUENOS AIRES, ARGEN.                         | 6.4 CITY-ST-ZIP                                       |                                                                                |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **02/03/97** **(305) 634-2465**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029920

CR2E037 (9/96)