2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 8:00 am Secretary of State 01-12-2004 90024 002 ****61.25

1. Entity Name INTER-AN FUND, INC	MERICA	# 827769 PRESS ASSOCIATION	TION S	CHOLARSHII	5											
Principal Place 1801 SW 3RD 8TH FLOOR MIAMI, FL 33) AVE	s	Mailing Address 1801 SW 3RD AVE 8TH FLOOR MIAMI, FL 33129					t valuet.	KRASO ILONA LO	240			KY BYKY KIBU BU	KINGRI WI ANUN		
2. Principal Place of Business			ipal Place of Business 3. Mailir			Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					0107200	4 Ch	g-NP		CR2E0	37 (10/03)			
City & State			City & State				4. FEI Number 13-612860)—— —	pplied For ot Applicable		
Zip		Country	Zip		Cou	untry		5. Certific	ate of Sta	atus Desire	ed		\$8.75 Ad Fee Require			
	6. Name	and Address of Current	Registered	l Agent				7. Name a	ind Addi	ress of Ne	ew Reg	istered .	Agent			
MUNOZ II	ULIO E					Name										
MUNOZ, JI 1801 SW 3 MIAMI, FL	RD AVEN	NUE 8TH FLOOR	والمتحدثات والمراجعيات				Street Address (P.O. Box Number is Not Acceptable)									
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					City						FL	Zip Cod	ie			
		ty submits this statement fo stered agent.	or the purpo	se of changing its	register	ed office or	register	ed agent, or	both, in t	the State o	of Florid	da. Iam	familiar with	, and accept		
SIGNATURE .	Signature, typec	d or prinjed name of registered agent	and title if appl	icable. (NOTI	: Registera	ed Agent signati	ure required	when reinstating	,			DATE				
Filling Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State								
-ref	_															
10.	_		RECTORS	Trust Fund (tion.			ees		Florid	a Depai	rtment of S	State		
10. TITLE NAME	Due by !	May 1, 2004	RECTORS		Contribut	tion. E	V Jim	Added to Formal Address Addres	change de S	s to off	FICERS A	a Depai	RECTORS I	State		
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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 drustee 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

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description: