

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90024 002 ****61.25

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01072004 Chg-NP CR2E037 (10/03)

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|---|--|---|---|---|--|
| DOCUMENT # 827769 | | | |  | |
| 1. Entity Name INTER-AMERICA PRESS ASSOCIATION SCHOLARSHIP FUND, INC. | | | | | |
| Principal Place of Business 1801 SW 3RD AVE 8TH FLOOR MIAMI, FL 33129 | | | Mailing Address 1801 SW 3RD AVE 8TH 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 13-6128602 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | <input checked="" type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GALINDO, ROSARIO | | NAME | Jimenez de Sandi Alfredo | |
| STREET ADDRESS | APARTDO B4 | | STREET ADDRESS | Av. Coyoacan # 515 | |
| CITY-ST-ZIP | REPUBLICA DE PANAMA, panama 9a | | CITY-ST-ZIP | Colonia del Valle Mexico, D.F. | |
| TITLE | M | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUNOZ, JULIO E. | | NAME | | |
| STREET ADDRESS | 1801 SW 3RD AVENUE 8TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUNGBLUT, ANDRE LUIS | | NAME | | |
| STREET ADDRESS | RUA RAMIOR BARCELOS 1206 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRAZIL, BA 00000 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCRIPPS, PAUL K | | NAME | | |
| STREET ADDRESS | PO BOX 1211 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JAMUL, CA 91935 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANTILLA, JAIME | | NAME | | |
| STREET ADDRESS | AVENIDA MARISCAL ANTONIO JOSE DE SUCRE | | STREET ADDRESS | | |
| CITY-ST-ZIP | EL CONDADO QUITTO, ECUADOR, N:71-45 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITRE, BARTOLOME | | NAME | | |
| STREET ADDRESS | BOUCHARD 557 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BUENOS AIRES, ARGEN., | | CITY-ST-ZIP | | |
| 12. I 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 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 01/10/2004 305-634-2465 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |