


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90038 027 ****61.25

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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**

40005873



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
13-6128602

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNOZ, JULIO E.
 1801 SW 3RD AVENUE 8TH FLOOR
 MIAMI, FL 33129**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

TITLE	V	<input type="checkbox"/> Delete
NAME	JIMENEZ DE SANDI, ALFREDO	
STREET ADDRESS	AV. COYOACAN #515	
CITY-ST-ZIP	COLONIA DEL VALLE MEXICO, DF	
TITLE	M	<input type="checkbox"/> Delete
NAME	MUNOZ, JULIO E.	
STREET ADDRESS	1801 SW 3RD AVENUE 8TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	T	<input type="checkbox"/> Delete
NAME	JUNGBLUT, ANDRE LUIS	
STREET ADDRESS	RUA RAMIOR BARCELOS 1206	
CITY-ST-ZIP	BRAZIL, BA 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCRIPPS, PAUL K	
STREET ADDRESS	PO BOX 1211	
CITY-ST-ZIP	JAMUL, CA 91935	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MANTILLA, JAIME	
STREET ADDRESS	AVENIDA MARISCAL ANTONIO JOSE DE SUCRE	
CITY-ST-ZIP	EL CONDADO QUITO, ECUADOR, N:71-45	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITRE, BARTOLOME	
STREET ADDRESS	BOUCHARD 557	
CITY-ST-ZIP	BUENOS AIRES, ARGEN.,	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Salinas	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando Berguido	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Julio E. Munoz Executive Director **01-11-05** **(305)634-2465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #