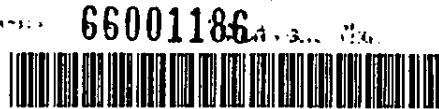


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

01-17-2006 90241 018 ****61.25

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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 Julio E. Munoz <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Executive Director <small>(NOTE: Registered Agent signature required when reinstating)</small>		01-10-06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIMENEZ DE SANDI, ALFREDO		NAME		
STREET ADDRESS	AV. COYOACAN #515		STREET ADDRESS		
CITY- ST- ZIP	COLONIA DEL VALLE MEXICO, DF		CITY- ST- ZIP		
TITLE	D <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	P <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 91835		CITY- ST- ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MANTILLA, JAIME		NAME	VP Salinas Carlos	
STREET ADDRESS	AVENIDA MARISCAL ANTONIO JOSE DE SUCRE		STREET ADDRESS	Avenida Universidad	
CITY- ST- ZIP	EL CONDADO QUITTO, ECUADOR. N:71-45		CITY- ST- ZIP	1035 Col. Universidad Saltillo, Coahuila, Mexico	
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 exemptions contained in Chapter 119, 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Executive Director <small>Date</small>		02-06-06 <small>Daytime Phone #</small>	
				305-634-2465	





ATTACHMENT

66001186

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

INTER-AMERICA PRESS ASSOCIATION SCHOLARSHIP FUND, INC.
1801 SW 3RD AVE
8TH FLOOR
MIAMI, FL 33129

Subject: INTER-AMERICA PRESS ASSOCIATION SCHOLARSHIP FUND, INC.

Reference Number:

827769

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