


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90053 009 ****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 - No P.O. Box #		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, 2007		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	JIMENEZ DE SANDI, ALFREDO	NAME	Carlos Salinas		
STREET ADDRESS	AV. COYOACAN #515	STREET ADDRESS	Avenida Universidad		
CITY-ST-ZIP	COLONIA DEL VALLE MEXICO, DF	CITY-ST-ZIP	1035 Col. Universidad Saltillo, Coahuila Mexico		
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 91935	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MANTILLA, JAIME	NAME	Alfredo Jimenez De Sandi		
STREET ADDRESS	AVENIDA MARISCAL ANTONIO JOSE DE SUCRE	STREET ADDRESS	Calz. Revolucion # 24 Col. Tierra y Libertad		
CITY-ST-ZIP	EL CONDADO QUITTO, ECUADOR, N:71-45	CITY-ST-ZIP	Guadalupe, Zacatecas, 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		<i>[Signature]</i>		01-11-2007 305-634-2465	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Business Phone #</small>	