

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996 6-5-96		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09532 (5)

1. Corporation Name

KNIGHT-RIDDER, INC. FUND

Principal Place of Business

Mailing Address

**ONE HERALD PLAZA
ONE HERALD PLAZA
MIAMI FL 33132
US**

**C/O KRI TAX DEPT
ONE HERALD PLAZA
MIAMI FL 33132
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1985	3a. Date of Last Report 02/08/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2610440	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVIS, DOUGLAS
ONE HERALD PLAZA
MIAMI FL 33101**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D RIDDER, P. ANTHONY ONE HERALD PLAZA MIAMI FL <input type="checkbox"/> DELETE	11 TITLE	PD/ RIDDER, P. ANTHONY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	D FONTAINE, JOHN C. ONE HERALD PLAZA MIAMI FL <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	PD BATTEN, JAMES K. 8125 SW 52ND AVENUE MIAMI FL <input checked="" type="checkbox"/> DELETE	31 TITLE	AT SILVERGLAT, ALAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	AT SHERIFF, STEPHEN ONE HERALD PLAZA MIAMI FL <input checked="" type="checkbox"/> DELETE	41 TITLE	D TIERNEY, PATRICK J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	SVP JONES, ROSS ONE HERALD PLZ MIAMI FL <input type="checkbox"/> DELETE	51 TITLE	VPTD JONES, ROSS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	S HARRIS, DOUGLAS C ONE HERALD PLAZA MIAMI FL <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

Douglas C. Harris, Secretary 5/9/96 305-376-3884

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)