

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**NON PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12762**

1. Corporation Name

**INTER-AMERICAN DIVISION PUBLISHING ASSOCIATION,  
INC.**

**AMENDMENT**

Principal Place of Business	Mailing Address
C/O RAMON H. MAURY 1890 NW 95Th Ave. P.O. Box 520627 Miami, FL 33172	C/O Ramon H. Maury 1890 NW 95 Ave. Box 520627 Miami, FL 33172

3. Date Incorporated or Qualified <b>12/30/1985</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-6001176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

DE ARMAS, JUAN C.  
500 ALCAZAR AVE.  
CORAL GABLES, FL 33134

**10. Name and Address of New Registered Agent**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	DELETE <input type="checkbox"/>
NAME	LEITO, ISRAEL	
STREET ADDRESS	15977 S. W. 110 St.	
CITY - ST - ZIP	Miami, FL	
TITLE	DV	DELETE <input type="checkbox"/>
NAME	GALICIA, AGUSTIN	
STREET ADDRESS	5428 SE 152ND PL CIRCLE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	DELETE <input type="checkbox"/>
NAME	MAURY, RAMON H.	
STREET ADDRESS	12302 SW 104TH LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	DELETE <input checked="" type="checkbox"/>
NAME	DE ARMAS, JUAN C	
STREET ADDRESS	500 ALCAZAR AVE.	
CITY - ST - ZIP	CORAL GABLES, FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
12. NAME	TORRES, ANTONIO	
13. STREET ADDRESS	780 EAST 5 Street	
14. CITY - ST - ZIP	Hialeah, FL 33010	
21. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

**500001883485**  
**-07/03/96--01061--017**  
**\*\*\*61.25**

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:** *R. Morham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*June 19/96 (305) 443 9471*  
Date Time

CR2E034 (3/96)