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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N12762 (3)

1. Corporation Name
INTER-AMERICAN DIVISION PUBLISHING ASSOCIATION, INC.



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 95TH AVE. P.O. BOX 520627 MIAMI FL 33172-2340

3. Date Incorporated or Qualified 12/30/1985
3a. Date of Last Report 04/29/1996
4. FEI Number 59-6001176
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

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

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 Antonio Torres
82 Street Address (P.O. Box Number is Not Acceptable) 780 East 5 Street
83 Hialeah, FL 33010
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] (NOTE: Registered Agent signature required when reinstating) DATE

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for DP LEITO, ISRAEL; DV GALICIA, AGUSTIN; D MAURY, RAMON H.; S TORRES, ANTONIO.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes rows for 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

14. I do 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 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] REQUIRED January 29/97 (305) 443 7471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone # 0032608

CR2E037 (9/96)