FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:56

DOCUMENT # N93000004377 (8)

1. Corporation Name

INTERNATIONAL FOUNDATION FOR PROFESSIONAL JOURNALISM, INC.

Principal Place of Business	Mailing Address
FLA. INTERNATIONAL UNIVERSITY-N. MIAMI CAM OFFICE OF DEAN-SCHOOL OF JOURNALISM NORTH MIAMI FL 33181	FLA. INTERNATIONAL UNIVERSITY-N. MIAMI CAM OFFICE OF DEAN-SCHOOL OF JOURNALISM NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0465112 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREEN, CHARLES H FLA. INTERNATIONAL UNIV-N. MIAMI CAMPUS SCHOOL OF JOURNALISM & MASS COMMUNICATIONS NORTH MIAMI FL 33181	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	T ☐ Change ☐ Addition
NAME	HEISE, J. ARTHUR	12 NAME	HEISE, J. ARTHUR
STREET ADDRESS	FLA. INTERNATIONAL UNIVERSITY,NORTH CAMPUS	13 STREET ADDRESS	FLA. INTERNATIONAL UNIVERSITY, NC
CITY-ST-ZIP	NORTH MIAMI FL 33181	14 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	T	21 TITLE	T ☐ Change ☐ Addition
NAME	GREEN, CHARLES H	22 NAME	GREEN, CHARLES H.
STREET ADDRESS	FLA. INTERNATIONAL UNIVERSITY,NORTH CAMPUS	23 STREET ADDRESS	FLA. INTERNATIONAL UNIVERSITY, NORTH CAMPUS
CITY-ST-ZIP	NORTH MIAMI FL 33181	24 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	T	31 TITLE	T ☐ Change ☐ Addition
NAME	GONZALEZ, GERARDO B	32 NAME	GONZALEZ, GERARDO B
STREET ADDRESS	FLA. INTERNATIONAL UNIVERSITY,NORTH CAMPUS	33 STREET ADDRESS	FLA. INTERNATIONAL UNIVERSITY, NORTH CAMPUS
CITY-ST-ZIP	NORTH MIAMI FL 33181	34 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE		41 TITLE	T ☐ Change ☐ Addition
NAME		42 NAME	RENE R. BRYAN
STREET ADDRESS		43 STREET ADDRESS	FLA. INTERNATIONAL UNIVERSITY, NORTH CAMPUS
CITY-ST-ZIP		44 CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	REMITTED BY MAY 1

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)(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: _____ 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044080