


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000003830 (4)**  
 1. Corporation Name  
**PRESS FREEDOM FOUNDATION, INC.**



Principal Place of Business <b>FLORIDA INTERNATIONAL UNIVESRITY 3000 NE 145TH STREET, BLDG ACII RM 135 MIAMI FL 33181</b>	Mailing Address <b>FLORIDA INTERNATIONAL UNIVESRITY 3000 NE 145TH STREET, BLDG ACII RM 135 MIAMI FL 33181</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/19/1996</b>	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0680971</b>	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE  
SUITE 600 EAST  
WEST PALM BEACH FL 33401**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HEISE, J. ARTHUR</b>
1.3 STREET ADDRESS	<b>FLA. INTERNATIONAL UNIVERSITY, NORTH MIAMI FL 33181</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>I. ROBERTO EISENMANN, JR.</b>
2.3 STREET ADDRESS	<b>FLA. INTERNATIONAL UNIVERSITY, NORTH MIAMI FL 33181</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>FERNAN VARGAS</b>
3.3 STREET ADDRESS	<b>FLA. INTERNATIONAL UNIVERSITY, NORTH MIAMI FL 33181</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>RICARDO ALARCON</b>
4.3 STREET ADDRESS	<b>FLA. INTERNATIONAL UNIVERSITY, NORTH MIAMI FL 33181</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DANILO ARBILLA FRACHIA</b>
5.3 STREET ADDRESS	<b>FLA. INTERNATIONAL UNIVERSITY, NORTH MIAMI FL 33181</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CRZE037 (9/96)