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FILED
Aug 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000003830 (4)
1. Corporation Name

PRESS FREEDOM FOUNDATION, INC.



Principal Place of Business Mailing Address
FLORIDA INTERNATIONAL UNIVERSITY
3000 NE 145TH STREET, BLDG ACII RM 135
MIAMI FL 33181
FLORIDA INTERNATIONAL UNIVERSITY
3000 NE 145TH STREET, BLDG ACII RM 135
MIAMI FL 33181

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

65-0680971

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 FLORIDA INT'L UNIVERSITY 26 FLORIDA INT'L UNIVERSITY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 3000 NE 145ST ACII-339 27 3000 NE 145ST ACII-339
City & State City & State
23 NORTH MIAMI, FL 33181 28 NORTH MIAMI, FL 33181
Zip Country Zip Country
24 33181 25 USA 29 33181 30 USA

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HEISE, ARTHUR J	FLA INTERNATIONAL UNIVERSITY NORTH	NORTH MIAMI FL	<input type="checkbox"/>
D	EISENMANN, ROBERTO I JR	FLA INTERNATIONAL UNIVERSITY NORTH	NORTH MIAMI FL	<input type="checkbox"/>
D	VARGAS, FERNAN	FLA INTERNATIONAL UNIVERSITY NORTH	NORTH MIAMI FL	<input type="checkbox"/>
D	ALARCON, RICHARDO	FLA INTERNATIONAL UNIVERSITY NORTH	NORTH MIAMI FL	<input type="checkbox"/>
D	FRACHIA, DANILO A	FLA INTERNATIONAL UNIVERSITY NORTH	NORTH MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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]

ed/s/sg

CR2E037 (10/97)