## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State DOCUMENT # N96000005473 05-02-2005 90395 019 \*\*\*\*61.25 INTERNATIONAL ADVERTISING ASSOCIATION, INC. Principal Place of Business Mailing Address 42013482 1200 ANASTASIA AVE 800 BRICKELL AVE **STE 240** SUITE 707 CORAL GABLES, FL 33134 MIAMI, FL 33131 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-NP CR2E037 (10/03) 1107 SUITE City & State 4. FEI Number 65-0533645 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OPPENHEIM, STEVEN P 800 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) **STE 107** MIAMI, FL 33131 SUITE 1107 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Make check payable to Trust Fund Contribution. Due by May 1, 2005 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete NAME CAMPBELL, ALAN OLIVA, ROBERT NAME STREET ADDRESS 1200 ANASTASIA AVE #240 STREET ADDRESS 1200 ANASTACIA CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP 👿 Delete TITI E ☐ Change TO RRES DE NAVARRA, ANA PALACIOS, GRACE NAME NAME STREET ADDRESS 1200 ANASTASIA AVE #240 ARATRAUA GOSI STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 CITY-ST-ZIP D5 Change MAddit MADUENO GUERRA PATRICIA 1200 ANASTASIA AVE LICO TITLE Delete. TITLE THOMAS, DICK NAME NAME STREET ADDRESS 1200 ANASTASIA AVE #240 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP CORAL GABLES FO TITLE **Delete** TITLE SEGRE, LUX / ANDERSON, MARK NAME NAME 1200 ANX STASIA AVE # 24/1 STREET ADDRESS 1200 ANASTASIA AVE #240 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-7IP CORAL GABLES, FL 33134 CITY-ST-71P TITLE Delete TITLE ERS MURIEL ANASTASIA FUE #240 CABLES FL 3513Y Change | Addition BRADLEY, MARGOT NAME NAME STREET ADDRESS 1200 ANASTSIA AVE #240 STREET ADDRESS MIAMI, FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F NAME OPPENHEIM, STEVEN P NAME 800 BRICKELL AVE, STE 1107 STREET ADDRESS 800 BRICKELL AVE STE, 707 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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, Royda Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

4-35-05

37(855)

**FILED**