

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020617

1. Entity Name

ORGANIZACION DE PERIODISTAS IBEROAMERICANOS INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90017 010 ***150.00

Principal Place of Business

Mailing Address

6700 W. 24TH CT
 BUILDING 16. SUITE #12
 HIALEAH FL 33016

6700 W. 24TH CT
 BUILDING 16. SUITE #12
 HIALEAH FL 33016-7814

2. Principal Place of Business

541 NAVARRE AVE

3. Mailing Address

541 NAVARRE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0828230

Applied For

Not Applicable

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

MIAMI-DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORGANIZACION DE PERIODISTAS
 6700 W. 24 COURT BUILDING 16
 SUITE 12
 HIALEAH FL 33016

Name ROSA TOWNSEND

Street Address (P.O. Box Number is Not Acceptable)

541 NAVARRE AVE

CORAL GABLES, FL

City

FL

Zip Code

33134

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.

SIGNATURE

Rosa Townsend

ROSA TOWNSEND V.P.

3-29-00

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete

NAME MARTINEZ, ALVARO JULIO
 STREET ADDRESS 6700 W. 24TH CT. BLDG. #12
 CITY-ST-ZIP HIALEAH FL 33016

TITLE VP Delete

NAME GONZALEZ, RAFAEL G
 STREET ADDRESS 6700 W. 24TH CT. BLDG #12
 CITY-ST-ZIP HIALEAH FL 33016

TITLE VP Rosa Townsend Delete

NAME 541 Navarre Ave.
 STREET ADDRESS Coral Gables, FL 33134
 CITY-ST-ZIP

TITLE Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

NAME
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TITLE Delete

NAME
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 CITY-ST-ZIP

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosa Townsend
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-29-00

8287039

CR2E034 (9/99)