## To: Qualification/Tax Lien Section Division of Corporations

SUBJECT: GLOBAL NETWORK ACCESS, COR (Name of co	P. rporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporat "Certificate of Existence", and check are submit to transact business in Florida.	tion for Authorization to Transact Business in Florida", tted to register the above referenced foreign corporation
Please return all correspondence concerning this	s matter to the following:
JOSE VASCONE (N	EZ ame of Person)
UNIPLEX TELECOM TECHNO	DLOGIES, INC.
	irm/Company)
848 BRICKEL	L AVENUE, SUITE # 1120
Person PC 18 Confedence appropriate A throughout the big personal and the	(Address)
MIAMI, FL.,	33131
to a wall also separated a set of management of the second section and all the presentations and the second section and the section and the second section and the section and the second section and the section and	'ity/State/Zip)
Should you need to call someone concerning this	*****70.00 *****70.00 -03/31/0001033003
	(Area Code & Daytime Telephone Number)
STREET ADDRESS:  Qualification/Tax Lien Section  Division of Corporations 409 E. Gaines St.  Tallahassee, FL 32399  Enclosed is a check for the following amount:	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
7 \$70.00 Filing Fee 7 \$78.75 Filing Fee & Certificate of Status	☐ \$78.7.5 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy



## FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

April 7, 2000

JOSE VASCONEZ UNIPLEX TELECOM TECHNOLOGIES, INC. 848 BRICKELL AVENUE, SUITE #1120 MIAMI, FL 33131

SUBJECT: GLOBAL NETWORK ACCESS CORP.

Ref. Number: W00000009364

We have received your document for GLOBAL NETWORK ACCESS CORP. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please note that waht you sent is a photocopy of your original incorporation. What we need is a new certificate your Secretary of State can issue you, showing that the corporation is active and in good standing on their records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 300A00019220

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

. CLODAL MEUN	WORK ACCESS CORP.				<del></del>
(Name of corpor	WORK ACCESS CORP. ation; must include the word "IN iations of like import in language partnership if not so contained i	as will clearly indiv	AIC MAL IL IS A COXPORAGE	lATION" or instead of a	
	•				
		. 3.	-65-098-6260		<del>Tal</del> e e e
<ol> <li>DELAWARE</li> <li>(State or country)</li> </ol>	under the law of which it is inco	rporated)	(FEI number, i	f applicable)	
			TAT.		
4. <u>06/23/1999</u> (Date	e of incorporation)	(Duration	Year corp. will cease to	existor "perpetual")	
6. 01/19/2000		and and and a second	07 1501 607 1502 and 81	7 (55 FS)	. ,
(Date first	transacted business in Florida.)	(SEE SECTIONS 6	U/.1301, 007.1302 and 61	1.100, 1.00,	
	LL AVENUE, SUITE # 400				<del></del>
7			T T. T		
MIAMI, FL.	, 33131	t mailing address)			
	(Curren	I maining address/			
8. MARKETING	PREPAID LONG DISTANCE	PHONE CARDS	The state of the state	of Florida)	<del></del> :
(Purpose	(s) of corporation authorized in h	ome state or country	to be carried out in state	of Profida)	_
a Nama and str	reet address of Florida regis	tered agent: (P.C	). Box or Mail Drop Bo	x NOT acceptable) 8	3
9. Name and so	,eet audiess of 1 toliam 1 -8				5 11
Name:	CECILIA ZURITA		<del>-</del> ·,		
				S. 20	ω i
Office Address:	848 BRICKELL AVENUE,	<u>SUITE # 1120</u>	<del>.</del>	E PROPERTY OF REAL PROPERTY OF THE PROPERTY OF	FILED PH 2:0
			Florida 33131	70	13
	MIAMI	· · · · · · · · · · · · · · · · · · ·	_, Florida, <u>33131</u> (Zip code)		O,
			(—-r ,	S.	, &
10 Registered	agent's acceptance:			•	
			_		
Having been nam this application, l	ed as registered agent and to ac Thereby accept the appointment as of all statutes relative to the p	cept service of proc as registered agent proper and complete	ess for the above stated c and agree to act in this c performance of my dutie	orporation at the place at apacity. I further agree as, and I am familiar with	esignatea in to comply i and accept
the obligations of	my position as registered agent	i			
the dougant of	6-	1 1:00/-	•		
		he cicefo	·		,
	•				
11. Attached is a	certificate of existence duly authate, by the Secretary of State or c	nenticated, not more other official having	than 90 days prior to deli- custody of corporate reco	very of this application to rds in the jurisdiction und	the er the law of
Deharmenrorpu	, -,	_			·-

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

DIREC	TORS (Street address only - P.O. Box NOT acceptable)
iairman:	CECTLIA ZURITA
ldress: _	1642 BRICKELL AVENUE
_	MTAMT, FL., 33129
ëe Chair	man:
ldress: _	, <u> </u>
_	
rector: _	MARTIN MAYER
ldress: _	8135 S.W. 17TH TERRACE
_	MIAMI, FL., 33155
rector: _	
idress: _	
OFFI	CERS (Street address only - P.O. Box NOT acceptable)
esident:	<b>のよる</b>
ldress: _	SER PO
_	
ce Presid	lent:
- cretary:	
uress	
- 0 114 40 41	. 1. 2. 2. 2. 1. 2. 2. 2. 1. 2. 2. 2. 1. 2. 2. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
idress: _	
-	
OTE: II	I necessary, you may attach an addendum to the application listing additional officers and/or directors.
·	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
	ECILIA ZURITA (Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL NETWORK ACCESS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2000.



Edward J. Freel, Secretary of State

DATE:

**AUTHENTICATION:** 

0373733

001184902

8300

3060027

04-11-00