- PLEASE REA		_		ì	ING THIS FORM.	.40
ADDLICATION	FLORIDA	A DEPLIRTMENT  Lattle rine Hoj  ewetanyo r	PSTATE			195
DEINGTATEWIEN	DIV	VISION OF CORPORAT	TIONS		FILED	)
OCUMENT # .N9900000 8 73 i. Corporation Name					01 NOV -5 AM	9: 35
International Press	Associates	, Inc.	l		SECRETARY OF TALL'AHASSEE, F	STATE FLORIDA
Miami, Fl. 33/86-3233		sw 138 <sup>th</sup> C , Fl 33186-		S		<b>79499</b> -01034023 0 *****70.00
If above addresses are incorrect in any way, line	<del></del>					
to the Principal Office Address, If Applicable 401 697 Office t	401 6	g Office Address, If App 1974 Street	plicable		rorated or Qualified ness in Florida 2////	/1999
Suite, Agt. # etc. Suite 2-N	Suite Apt. #.	2-N		5. FEI Numbe		Applied For
Miami Beach FL.	Miam	Beach	Fl.	65-6	0909610	Not Applicable
2ip 33/41 Country	Zfp 33/4	Country Country			E OF STATUS DESIRED	5: Additional Fee required or a Certificate of Status
7 Names and Street Addresses of Each Officer						
Title(s) Name of Officers and/or Directors			Address of Each r and/or Director		City / St	ate / Zip
PD Grangeiro, EL S	araiva	401 69th S Miami Bead	Street Sui h, Fl. 3	te 2-N 3141	Miami Beach,	F/. 33141
VD Enriquez, Carid	ad	401 69th SH			Miani Beach.	Fl. 33141
SD Valdivieso, Lilli	ANA	401 69th Stre	net Suite	2-N	Miami Beach.	F7. 33141
TD 0.4 ///		11-1 coth 0	0	. /	M. 1	ot and

ហ៊ីវ៉េខ(s) 1	and/or Directors	Officer and/or Director 3	City / State / Zip
PD	Grangeiro, EL Saraiva	Miami Beach, Fl. 33141	Mami Beach, F1. 33141
VD	Enriquez, Caridad	401 69th Street Suite 2-N	Miani Beach, Fl. 33141
SD	Valdivieso, Lilliana	401 69th Street Suite 2-N	Miami Beach. FT. 33141
TD	Brito, LANdulfo	401 69th Street Suite 2-N	Miami Beach, Fl. 33141
<u>D</u>	Uribe, Luz Marina	401 69th Street Suite 2-N	Mlami Beach, FT. 33141
			SP
	8 Name and Address of Current Registered	Apont a Marin the	Address of New Sesists of Asset

8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent
Grangeiro, El Saraiva	- Nama Grangeiro, El Saraiva
11045 SW 138th Ct.	Street Address (F.O. Box Number is Not Acceptable)  40/ 69** Street Suite 2-N  Suite. Apt. #. Etc.
Mami, Fl. 33186	City Mami Beach State Zip Code FL 33141
heing appointed the registered Agent of the above parted corporation, am family	7. Harm Bened

10.

Signature of Registered Agent	REGISTERED AGENT MUST SIGN	Date	

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstaltement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## INTERNATIONAL PRESS ASSOCIATES, INC. 401 69<sup>TH</sup> STREET SUITE 2-N MIAMI BEACH, FLORIDA 33141

October 24, 2001

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Fl. 32399

**Attn: Reinstatement Section** 

Re: Document # N99000000873

Dear Sir or Madam:

na Mar

Strate CAT Garagian

Sincerety,

El Saraiva Grangeiro

President

THE THE GLASS BOLLS