

07-15-2002 90197 033 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000873

1. Entity Name

INTERNATIONAL PRESS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

401 69TH STREET, STE 2-N
 MIAMI BEACH FL 33141

401 69TH STREET, STE 2-N
 MIAMI BEACH FL 33141

40902

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0909610

Applied For
 Not Applicable

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

GRANGEIRO, EL SARAIVA
 401 69TH STREET, STE 2-N
 MIAMI BEACH FL 33141

Name

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

City

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$238.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANGEIRO, EL SARAIVA 401 69TH STREET., STE 2-N MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENRIQUEZ, CARIDAD 401 69TH STREET., STE 2-N MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDIVIESO, LILIANA 401 69TH STREET., STE 2-N MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRITO, LANDULFO 401 69TH STREET., STE 2-N MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URIBE, LUZ MARINA 401 69TH STREET., STE 2-N MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Treasurer Fernando Ortiz 401 - 69st #208 Miami, FL 33141	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

12. 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 617, Florida 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: *[Signature]* SIGNATURE REQUIRED

07/08/02 3058684891
 Date Daytime Phone #

Attachment
R#N99000000873

To whom it may concern:

I sent a payment of \$61.25 to the Florida Department of State Division of Corporations on April 10, 2002. On the fifth day of July I received a notice which stated my corporation was not filed. I immediately called and spoke to one of the representatives by the name of Iula. There was a misunderstanding and the check was not filled out properly and I did not receive any prior notification to this matter. I also did not receive a returned check from the Florida Department of State Division of Corporations.

I am currently sending a copy of my check's recite in order to clarify this misunderstanding. I would like to have my report reinstated with the new check I am sending and also have the late fee waived because there was no negligence on my behalf. My Document number is: N99000000873 and the entry name is: International Press Associates, Inc. Thank you.

Sincerely,


IPA Inc.

40902