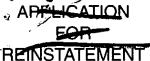
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P00000068576 **DOCUMENT #**

1. Corporation Name

MULTICULTURAL WOMEN'S PRESS, INC.

Principal Place of Business

Mailing Address

1016 SW 102 TERR

PEMBROKE PINES FL 33025

1016 SW 102 TERR

PEMBROKE PINES FL 33025

FILED 02 MAR -4 PM 3: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDS



							مند	· \		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailing.				nformation and enter correction below. ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/18/2000			
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number Applied For				
City & State City			City & State	& State			65-10	25206 Not Applicable		
Zip		Country	Zip		Country	/	6. CERTIFICATI	S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corpora	tions must list at lea	ast 3 directors)]	
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PD	RACINE-TOUSSAINT, MARLENE			1016 SW 102 TERR				PEMBROKE PINES FL 33025		
VD	MICHEL, CLAUDINE			1016 SW 102 TERR				PEMBROKE PINES FL 33025	7	
STD	BELLANDE-ROBERTSON , FLORENCE			1016 SW 102 TERR				PEMBROKE PINES FL 33025		
		,				н	80	00051342089. -03/19/0201044017 ****308:75 ****308.75		
8. Name and Address of Current Registered Age					Name 4 / 4 0 1 5			Name and Address of New Registered Agent		
SCHREIBER, DARRYL S ESQ 5600 SHERIDAN ST HOLLYWOOD FL 33021						Street Address (F 10 16 S. Quite, Apt. #, Etc EMBRO City	W. 102	KACINE-TOUSSAINT is Not Acceptable) in A TERRACE NES State Zip Code FL 33025	POECOC (8/01	
10. I, being Signature of Registered		MARKEN I	Zarine	oration, am f NE-1 O D BENT MUST	005:	th and accept the of	bligations of Sect	Date 1/24/02		
								apter 607 or 617, F.S. I further certify that when filling		

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. OE-ROBERTSON

SIGNATURE RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



Multicultural Women's Press, Inc.

1016 S. W. 102nd Terrace, Pembroke Pines, Florida 33025 (954) 447-7277 FAX: (954) 392-8122

February 7, 2002

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, Fl. 32314-6327

To Whom it may Concern:

Re: Document #P00000068576

Following telephone conversation of today's date, please be advised that the Multicultural Women's Press, Inc.

Has never received a Uniform Business Report for the year 2001. Please find enclosed herewith an Application for Reinstatement duly signed and a check in the amount of \$308.75 to cover the cost of fees for reinstatement for the years 2001 and 2002 as well as a certificate of status.

Thank you for your cooperation in this matter.

h N

Very truly yours,

Marlene Racine-Toussaint

President

Enclosures: (2)