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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FO	RE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO PREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
	FG = T
words or abbrev	ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or viations of like import in language as will clearly indicate that it is a corporation instead of a partnership if not so contained in the name at present.)
2. Delaware (State or country	y under the law of which it is incorporated) 3. 14-173670 999999999999999999999999999999999999
4. January 8, 1991	5 Perpetual
(Dat	te of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. On or about Ma (Date first	farch 1, 2001 at transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 905 Hodge Stre	eet
St Lourant On	uebec H4N 2B3 Canada
St. Lament, Qu	(Current mailing address)
	e(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	C T Corporation System
Office Address:	1200 South Pine Island Road
	Plantation , Florida, 33324 (Zip code)
_	agent's acceptance:
this application, I with the provision	ned as registered agent and to accept service of process for the above stated corporation at the place designated in I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply one of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept of my position as registered agent. CONNEE BRYAN CT Corporation System SPECIAL ASSISTANT SECRETARY
	(Registered agent's signature)
11. Attached is a Department of Sta	a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the tate, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

which it is incorporated.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 CT System Online

	ORS (Street address only - P.O. Box NOT acceptable)
	Ido Bensadoun 5 Hodge Street
	Laurent, Quebec H4N 2B3 Canado
	n:
Address:	
Address:	
	OF OF
Director:	<u> </u>
Address:	
President: Al	ERS (Street address only - P.O. Box NOT acceptable) Online
	5 Hodge Street
	Laurent, Quebec H4N 2B3 Canada
Vice Presiden	nt:
Address:	
Secretary: D	David Martz
Address: 90	05 Hodge Street
_ <u>St</u>	t. Laurent, Quebec H4N 2B3
Treasurer: <u>F</u>	Robert Raven
Address: _9	905 Hodge Street
	St. Laurent, Quebec H4N 2B3
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	ne de la companya della companya del
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14:	(Typed or printed name and capacity of person signing application)

$State\ of\ Delaware$

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALDO U.S. INC." 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 TWENTY-SEVENTH DAY OF FEBRUARY, "A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

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SECKETALLY OF STATE
SECKETALLY OF STATE



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 0992316

DATE: 02-27-01

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