TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT: ASERETH MEDICAL SERVICES INCORPORATED  (Name of corporation - must include suffix) [ASERETH MEDICAL SERVICES INC
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
THERESA TAYLOR  (Name of Person)  ASERETH MEDICAL SERVICES INC.  (Firm/Company)  50 N. Hill Ave Suite 304 -07/05/9501048013  (Address)  PASADENA, CA. 91106  (City, State and Zip Code)
Should you need to call someone concerning this matter, please can.
Theresa Taylor at (818) 449 - 0099.  (Name of Person) Area Code & Daytime Telephone Number  Or Crafg Jeffers  Area Code & Daytime Telephone Number

Qualification/Tax Lien Sec.

Tallahassee, FL 32399

COURIER ADDRESS:

#### MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

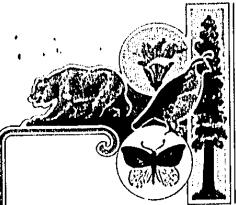
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

STATE OF FLORIDA:
1. ASERETH MEDICAL SERVICES INC  (Name of corporation: must inc. de the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. CALIFORNIA (State or country under the law of which it is incorporated)  4. April 13, 1990  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetuality")  6. Allertised in the Miami Herald 5/28 95 (Date first transacted business in Florida. (See sections 007, 1501, 007, 1502, and \$17,155, F.S.)  7. 50 N. HILL AVE. SUITE 304  PASADENA, CA. 9106 (Current mailing address)  Philaracists  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Medical posennel
9. Name and street address of Florida Tagistorea agents
Name: Joanne Hatton
Office Address: 12555 BISCAYNE BLVD # 900
Office Address: 100000000000000000000000000000000000
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

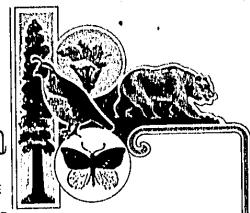
12. Names and addresses of officers and/or directors:		
- TOPOTORS		
Chairman: Theresa Taylor		
Address: 50 N. Hill All Suit 304		
Pasadena, CA: 91106		
Vice Chairman: DeJuin Taylor		
Address: 50 N. Hill Ave Suit 304		
Pasa dera, CA. 91106		
Diroctor: Theresa Taylor		
Address: 50 N. Hill Ave. Su 304		
Pasadena, CA 91106		
Director: <u>De Juan</u> Taylor		
Address: 50 N. Hill Ave Sute 304		
Pasadena, CA. 91106		
B. OFFICERS		
President: Theresa Taylor		
Address: 50 N. Itill Ave. Suit 304		
PASA DENA, CA. 91106	ည်	AIG
Vice President: DC. TURN) TAYLOR.		KOR
Address: 50 N' Hill Are Sur 304	(J	93. 93.
PASADENA, CA. 91106	1	
Secretary: De JUAN TAYLOR.	4:8	STAT
Address: 50 N. HILL Ave. Su 304	ã	्राण 7
PASADENA CA. 91106		
Treasurer: DEJUAN TAYLOR		
Address: 50 N. Hill Ave Su 304		
PASADENA, CA. 91106	.c.	_
NOTE: If necessary, you may attach an addendum to the application listing additional o and/or directors.	mcer	S
A anona Pauli		
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		

THERESA TAYLOR PRESIDENT
(Typed or printed name and capacity of person signing application)



## State of California

SECRETARY OF STATE'S OFFICE



### CERTIFICATE OF STATUS DOMESTIC CORPORATION

That on the	6тн_	day of	APRIL			, 19	90
		ASERETH	MEDICAL	SERVICES,	INC.		

office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 2ND day of MARCH, 1995

Secretary of State

FILED SECRETARY OF STATE DIVISION OF COMPOSALE

The second secon

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE TOTAL M. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Socretary of State 1996 DEC 13 AN 9: 44 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA F95000003572 DOCUMENT # 1. Corporation Number ASERETH MEDICAL SERVICES, INC. Maring Address Precipal Pince of Business 50 N. HILL AVE., 81E, 304 SO N. HILL AVE., STE. 304 PASADENA CA 91106 PASADENA CA 91106 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable 650 Sink RAA HALLA VILLA Onto Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, if Applicable 07/25/1995 650 SIERRA MAJRE VILLA Suite, Apt. 1, etc Suito, Apt. #, ntc. 6. FEI Number Applied For 102 50172 95-4301454 Not Applicable City & State MISADENA SR 75 Additional Fee inquired **CERTIFICATE OF STATUS DESIRED** 191107 USA 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Ench Name of Officers City / State / Zip Otherr und/or Director
(Do NOT Use Post Office Box Numbers) and/or Directors Title(s) PASADENA CA 91100-50 N. HILL AVE., STE. 304 *\$7を1*0と CPD TAYLOR, THERESA 650 SIERRAMAJALVIIIA 91107 50 N. HILL AVE., STE. 304 PASADENA CA 91100-TAYLOR, DEJUAN CVST 650 SIERRAHADRE VILLA STEPOL 700002032437-12/18/36--01052-0 <del>-</del>018-\*\*\*\*275.00 \*\*\*\*375.00 8. Name and Address of Current Registered Agent HATTON, JOANNE 12555 BISCAYNE BLVD. #900 N MIAMI FL 33181 10. I, being appointed the registered agent of the above named corporation, am familier with and accept the obligations of Section 507.0505, F.S. nature of S PEGISTERED AGENT MUST SIGN Registered Agent (See other side for information on intangible tax.) 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes I

12. I contry 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 filing this reinstatement 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/96 (8:X) 351-3650 Date Deptime Phone 6

AB