

F95000004669

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

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-09/11/95--01011--004
*****78.75 *****78.75

SUBJECT: CALMON ASSOCIATES, LTD.
(Name of corporation - must include suffix)

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:

LISANDRO MONTANARO
(Name of Person)

W95.18220

CALMON ASSOCIATES, LTD.
(Firm/Company)

P. O. BOX 936060
(Address)

MARGATE, FLORIDA 33093-6060
(City/State/Zip)

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DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

LISANDRO MONTANARO at (305) 968-4661
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
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:

1. CALMON ASSOCIATES, LTD. "INCORPORATED"
(Name of corporation: must include 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. DELAWARE
(State or country under the law of which it is incorporated)

3. 521295324
(FEI number, if applicable)

4. MAY 3, 1990
(Date of Incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. "UPON QUALIFICATION"
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. P.O. BOX 936060
MARGATE, FLORIDA 33093-6060
(Current mailing address)

8. PROVIDE INTERNATIONAL CONSULTING AND MAINTAIN BANK ACCOUNTS.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: ALVARO MANTILLA

Office Address: 6199 OLD COURT RD. #704
BOCA RATON, Florida, 33433
(Zip Code)

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.

Alvaro Mantilla
(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: LISANDRO MONTANARO

Address: 5101 RIVER RD, BETHESDA, MD. 20816

Vice Chairman: ADOLFO MONTANARO

Address: 5609 ARTESIAN DR.

DERWOOD, MD. 20855

Director: LISANDRO MONTANARO

Address: 5101 RIVER RD

BETHESDA, MD. 20816

Director: ADOLFO MONTANARO

Address: 5609 ARTESIAN DR.

DERWOOD, MD. 20855

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: LISANDRO MONTANARO

Address: 5101 RIVER ROAD

BETHESDA, MD. 20816

Vice President: ADOLFO MONTANARO

Address: 5609 ARTESIAN DR.

DERWOOD, MD. 20855

Secretary: CAROLYN MONTANARO

Address: 5609 ARTESIAN DR.

DERWOOD, MD. 20855

Treasurer: LISANDRO MONTANARO

Address: 5101 RIVER RD., BETHESDA, MD. 20816

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LISANDRO MONTANARO, PRESIDENT

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

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CALMON ASSOCIATES, LTD." 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-FOURTH DAY OF AUGUST, A.D. 1995.

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 HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

7619187

DATE:

08-24-95