TO: Qualification/Tax Lien Section Division of Corporations

Division of Corporations		
SUBJECT: BROENIX BIO SUSTEMS (Name of corporation - must include suffix)		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Trafflorida", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Florida.	ansact Business i above reference	n d W96-9279
Please return all correspondence concerning this matter to the following:	5000016 -05/01/9601 *****70.00	302115 001015 *****70.00
(Name of Person)	<u> </u>	
(Firm/Company)		LEO CORPOR

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

(Name of Person)

at (303) 426-7414 (Area Code & Daytime Telephone Number)

FAX = 303) 426-2431

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



May 1, 1996

RICHARD O. DEEM 4800 W 80TH AVE #202 WESTMINSTER, CO 80030-4413

SUBJECT: PHOENIX BIO SYSTEMS, INC.

Ref. Number: W96000009279

We have received your document for PHOENIX BIO SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 196A00020985

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: (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.) 06010410 (State or country under the law of which it is incorporated) (Date of Incorporation)

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

CORPORATION ACTIVATED 010196 — No RIGINGS TO THE CONTYN OF CONTYN OF CONTYN OF CONTYN OF CONTYN OF CONTYN OF CONTYN ON SE CORPAGO 60030-4413 (Current mailing address) (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: KARI RUSSELL Office Address: 214 PINE AVE. (BOX 1861) ANNA MARIA ISMANDA , Florida , (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.

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: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) OSEPHY Chairman: AUSINIST 20 - WEST DINOTE CO 80030 Vice Chairman Movies To Kows R. C. May 1996. Address: Director: _ Address: ___ Director: ___ Address: ___ B. OFFICERS (Street address only- P. O. Box NOT acceptable) Address: WEST MINSTER Vice President: Address: Secretary: _ Address: Jest Sec Address: ARVASA COCO 80030 -NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Vice Chairman, or any officer listed in number 12 of the application)

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



STATE OF COLORADO

DEPARTMENT OF STATE

CERTIFICATE

I, VICTORIA BUCKLEY, Secretary of State of the State of Colorado hereby certify that

According to the records of this office

PHOENIX BIO SYSTEMS, INC. (COLORADO CORPORATION)

file # 951145114 was filed in this office on NOVEMBER 28, 1995, and has complied with the applicable provisions of the laws of the State of Colorado and on this date is in good standing and authorized and competent to transact business or to conduct its affairs within this state.

Dated: MAY 02, 1996

SECRETARY OF STATE SECRETARY OF CORPORATIONS
96 MAY 21 PH 2: 30

SECRETARY OF STATE