

File 2nd
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FILING COVER SHEET

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATION
98 JUN - 9 PM 4: 05

REFERENCE:

0158.2766

DATE:

6-9-98

CONTACT:

CINDY HICKS

FROM:

CORPORATE & CRIMINAL RESEARCH SERVICES

103 N. MERIDIAN STREET

TALLAHASSEE, FL 32301

TELEPHONE:

222-1173

SUBJECT:

Midas Rex, L.P.

(5)

STATE FEES PREPAID WITH CHECK # 2620 FOR \$ 87.50

000002553740--8
-06/10/98--01001--004
*****87.50 *****87.50

PLEASE FILE:

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INC. | <input type="checkbox"/> AMENDMENT | <input type="checkbox"/> DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> QUALIFICATION | <input checked="" type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> ANNUAL REPORT |
| <input type="checkbox"/> FICTITIOUS NAME | <input type="checkbox"/> LIMITED LIABILITY | <input type="checkbox"/> REINSTATEMENT |
| <input type="checkbox"/> TRADEMARK/SERVICE | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |

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DIVISION OF CORPORATION

PROVIDE US WITH:

- | | | |
|---|--|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF STATUS | <input checked="" type="checkbox"/> STAMPED COPY |
|---|--|--|

Examiner's Initials

mm
6/9/98

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Midas Rex, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware (State of Formation) 4. July 2, 1996 (Date of Formation)

5. NRAI Services, Inc.
(Name of Registered Agent for Service of Process)

6. 526 E. Park Avenue
(Street Address of Registered Office)

Tallahassee (City) Florida 32301 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

see attached
(Agent must sign on this line)

8. c/o The Corporation Trust Company, 1209 Orange Street, Wilmington
New Castle County, DE 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
<u>Midas Rex Management, LLC</u>	<u>3001 Race Street</u> <u>Ft. Worth, Texas 76111</u>

M98000000598

10. 3001 Race Street, Ft. Worth, Texas 76111
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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12.

3000 Race Street, Fort Worth, Texas 76111
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

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98 JUN 9 PM 4:05

Signed this 20th day of May, 19 98
Midas Rex Management, LLC

By: Jane Mitchell
General Partner Dr. Jane M. Mitchell, Manager

STATE OF TEXAS

COUNTY OF TARRANT

On this 20th day of May, 19 98

Dr. Jane M. Mitchell personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

STACY HOWELL
(Notary's Printed Name)



My Commission Expires: 11-22-99

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Dr. Jane M. Mitchell, Manager of Midas Rex
a general partner of Midas Rex, L.P. Management LLC, a ~~(an)~~ Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

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1. The amount of capital contributions of the limited partners is \$ 0.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 20th day of May, 19 98

MIDAS REX MANAGEMENT, LLC, general partner

By: Jane Mitchell
General Partner
Dr. Jane M. Mitchell, Manager

STATE OF TEXAS

COUNTY OF TARRANT

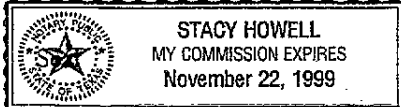
On this 20th day of May, 19 98

Dr. Jane M. Mitchell, personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

Stacy Howell
(Notary Public Signature)

STACY HOWELL
(Notary's Printed Name)



My Commission Expires: 11-22-99

Florida Department of State, Sandra B. Mortham, Secretary of State

REGISTERED AGENT ACCEPTANCE PAGE

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1. _____ (Name of limited partnership as it is in the home state)

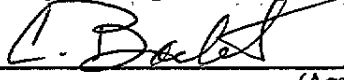
2. _____ (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. _____ (State of Formation) 4. _____ (Date of Formation)

5. NRAI Services, Inc. _____ (Name of Registered Agent for Service of Process)

6. 526 E. Park Avenue _____ (Street Address of Registered Office)
Tallahassée, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

 C. Baclet, Vice President

(Agent must sign on this line)

8. _____ (Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS	STREET ADDRESS

10. _____ (Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.