000000/452 PARALEGAL & ATTORNEY SERVICE BUREAU, INC. (Requestor's Name)

1406 Hays Street, Suite 2 (Address)

(904) 656-3992 Tallahassee, FL 32301

(City, State, Zip) (Phone #) OFFICE USE ONLY

800003174098--0 -03/17/00--01061--005 ******78.75 ******78.75

CORPORATION NAME	E(S) & DOCUMENT NUMBER(S) (if known):
1. Medix Phati	naceuticals Americas Inc.
2. (Corporatio	n Name) (Document #)
3. (Corporation	n Name) (Document #)
Walk in Pic	k up time 3 17 Certified Copy Certificate of Status 100 50 50 50 50 50 50 50 50 50 50 50 50 5
NEW FILINGS	AMENDMENTS Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal 8
Other	Dissolution/Withdrawal Merger
OTHER FILINGS	ANTONICATION ANTICONIC
Annual Report	QUALIFICATION Foreign
Fictitious Name	Kerreign Carlos Carlos
Name Reservation	Limited Partnership Reinstatement
	Trademark Examiner's Initials
	Examiner 5 minutes

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

RE(MPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO STER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
	o de la companya de	
ν	Medix Pharmaceuticals Americas, Inc. me of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or ds or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a tral person or partnership if not so contained in the name at present.)	. // -/ - }
2	Delaware	
(5	e or country under the law of which it is incorporated) (FEI number, if applicable)	参
4	11-28-94 5 Pernetual	
	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
6	March 1, 2000	
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	**** *********************************
7	12505 Starkey Road, Suite M	
	Largo, FL 33773	क सम्बद्ध
	(Current mailing address)	
8.	All lawful activities	
o	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	Elve
a N	·	
<i>).</i> 1	ne and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	-
	Name: United Corporate Services, Inc.	
Offi	Address: 9200 South Dadeland Blvd Suite 15	
	Miles and S	
	Florida, 33156 (Zip code)	
10.	gistered agent's acceptance:	
inis e with	been named as registered agent and to accept service of process for the above stated corporation at the place designated in dication, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply of provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent.	
	By: McClaul Sour (Registered agent's signature)	
	((Registered agent's signature) Michael Barr, President	
l 1. 2 Depa	ached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the nent 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)

Chairman: _	Edmond Wenmaekers	
Address:	18, rue Saint-Mathieu	9
	78550 Houdan France	
Directo	ors: Dr. Jean Guilbaud and Alain Cassam-Chenai	to Otto
	18, rue Saint-Mathieu	3 9 9 9
	78550 Houdan France	1, 35
Director:	Paul Guilbaud	6 15
Address:	12505 Starkey Road, Suite M	en e
	Largo, FL 33773	,
Director: _	Daniel Teper	
Address: _	29 West 34th Street, 11th Floor	
B. OFFIC	New York, NY 10001 CERS (Street address only - P.O. Box NOT acceptable)	***
President: _	Paul Guilbaud	
Address: _	12505 Starkey Road, Suite M	The state of the s
_	Largo, FL 33773	<u> </u>
Vice Preside	ent: Tim Kost	
Address:	12505 Starkey Road, Suite M	
·	Largo, FL 33773	en la companya de la
Secretary: _	Joel A. Feldman	The state of the s
Address: _	750 Lexington Avenue	ong ver ing us squares
<u></u>	New York, NY 10022	
Treasurer:	Paul Guilbaud	<u> </u>
Address: _	12505 Starkey Road, Suite M	
-	Largo, FL 33773	To state the second
NOTE: II	f necessary, you may attach an addengurb to the application listing additional officers and/or directors.	
13	3, 8, 2000	
14	(Signature of Charman, Vice Chairman, or any officer listed in number 12 of the application) Paul Guilbaud, President	
	(Typed or printed name and capacity of person signing application)	

A. DIRECTORS (continued)

Director:

Frank Droze

87, bus, Avenue de Wagram

75017 Paris, France

DIAN 17 MII: 48

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIX PHARMACEUTICALS AMERICAS, 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 THIRTEENTH DAY OF MARCH, A.D. 2000.

AND_I DO HEREBY FURTHER CERTIFY THAT THE SAID_ "MEDIX PHARMACEUTICALS AMERICAS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

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AUTHENTICATION:

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ATE. 03-13-00

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