

ACCOUNT NO. : 072100000032

REFERENCE :

653495

7197852

AUTHORIZATION

COST LIMIT

ORDER DATE : April 6, 2000

ORDER TIME : 9:57 AM

ORDER NO. : 653495-005

CUSTOMER NO:

7197852

CUSTOMER: Mr. Massimiliano Biffi

Mr. Massimiliano Biffi

Suite 200

5728 Major Boulevard Orlando, FL 32819

FOREIGN FILINGS

NAME:

EUROPEAN TRADE COMMITTEE INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

800003203248--6

X4

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF PLORIDA. AN TRADE COMMITTEE INC.	9 9
(Name of co	orporation; must include the word "INCOPPODATED" "COMPANY" "CO	
	And the control of the minorial in initialists as full closely inclinate a few figures and figures.	
naturat perso	on or partnership if not so contained in the name at present.)	
o Delawari	े	TED TO SOLVE STATE OF THE SOLVE
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	intry under the law of which it is incorporated) (FEI number, if applicable)	8
4. JANUARY i	Date of incorporation) 5. PERPETUAL (Duration: Year corp. will conserve with the second control of the secon	
(1	(Duration: Year corp. will cease to exist or "perpett	ial ^a)
	ALIFICATION	,
(Date fi	fixsi transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. SUITE 20	00, 5728 MAJOR BOULEVARD, ORLANDO, FL 32819	
		
GENERAL	(Current mailing address) BUSINESS PURPOSE	
	BUSINESS PURPOSE	· · · · · · · · · · · · · · · · · · ·
8.	BUSINESS PURPOSE	
8. (Purpos	DSE(s) of corporation authorized in home state or country to be carried out in state of Florida)	
8. (Purpos	DSE(s) of corporation authorized in home state or country to be carried out in state of Florida)	ا ماد
9. Name and s	Dise(s) of corporation authorized in home state or country to be carried out in state of Florida) street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptal)	ole)
8. (Purpos	ose(s) of corporation authorized in home state or country to be carried out in state of Florida) street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptal Corporation Service Company	ole)
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9. Name and s	pse(s) of corporation authorized in home state or country to be carried out in state of Florida) street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptal Corporation Service Company 1201 Hays Street	ole)
9. Name and s	ose(s) of corporation authorized in home state or country to be carried out in state of Florida) street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptal Corporation Service Company 1201 Hays Street Tallahassee Florida, 32301	ole)
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9. Name and s Name: Office Address: 10. Registered Having been name this application, I with the provision the obligations of	Dec(s) of corporation authorized in home state or country to be carried out in state of Florida) street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptal Corporation Service Company 1201 Hays Street Tallahassee Florida, 32301 (Zip code) I agent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place in the proper and complete performance of my duties, and I am familiar to my position as registered agent. Corporation Service Company (Registered agent's signature) (Registered agent's signature)	re designated in ree to comply with and accept

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: MASSIMILIANO BIFFI Address: Suite 200, 5728 Major Boulevard, Orlando, FL 32819 Vice Chairman: Address: ___ Address: _ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: MASSIMILIANO BIFFI (HOLDS ALL OFFICES) Address: Suite 200, 5728 Major Boulevard, Orlando, FL 32819 Vice President: Secretary: _ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. ____ MASSIMICIANO BITTS'

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

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUROPEAN TRADE COMMITTEE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2000

AND I_DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROPEAN TRADE COMMITTEE INC." WAS INCORPORATED ON THE TENTH DAY OF JANUARY, A.D. 2000.

Edward J. Freel, Secretary of State

3157008 8300

AUTHENTICATION:

0368303

001179816

DATE:

04-10-00