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ACCOUNT NO. : 07210000032

REFERENCE :

754584

AUTHORIZATION

COST LIMIT :

ORDER DATE: July 6, 2000

ORDER TIME : 2:59 PM

ORDER NO. : 754584-005

300003315653--7

CUSTOMER NO: 10770A

CUSTOMER: Reed Mcclosky, Esq

Freedman & Mcclosky P.a.

Suite 700

1 East Broward Boulevard Ft. Lauderdale, FL 33301

FOREIGN FILINGS

NAME: SCHROTH SAFETY PRODUCTS CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse

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.

	H SAFETY PRODUCTS					
(Name of corpo	oration; must include the word	"INCORPO)RATED", "C	OMPANY", "CORPORA	TION" or	
natural person	viations of like import in langu or partnership if not so contain	uage as will o	clearly indica me at present	te that it is a corporation in	istead of a	
nataraz porbon	or partitoromp it not so contain	ica in aic na	mo at present	,		
201.0				=:0.44.0.2.2.0.04		
2. COLO	y under the law of which it is i	incorporated	3	841233881 (FEI number, if a		
(State of country	y under the law of which it is i	incorporated	.)	(FEI number, if ap	pplicable)	
	R 8, 1993	5	per	petual		
(Da	te of incorporation)		(Duration:	Year corp. will cease to ex	ist or "perpetual")	
6. UPON QUA	LIFICATION					
(Date firs	t transacted business in Florid	a.) (SEE SE	CTIONS 607	1501, 607.1502 and 817.1	55, F.S.)	
7. <u>1371</u> S	.W. 8th Street, #	8A				
Pompan	o Beach, FL 33069)				
	(Cur	rent mailing	address)			
8. MANUFACT	URING AND DISTRIBUTI	NG OF SAI	FETY PROD	JCTS.		
	(s) of corporation authorized in					
0.35		•	, mo. r			PV.
	reet address of Florida reg				IOT acceptable	200
Name:	Wolfram	Toe	i E	Sel	<u></u>	27 27
X (000,220)			<u> </u>		ن م	A C
Office Address:	<u>1371 S.W. 8th</u>	Street,	# 8A		P	200
	Pompano Beach,		······································	Florida, 33069 (Zip code)	1 4: 09	STAT
				(Zip code)	09	100 3100 3100 3100 3100 3100 3100 3100
10 Registered	agent's acceptance:					.
10. Registered	agent s acceptance.					
Having been name	ed as registered agent and to a	accept servic	ce of process	for the above stated corpo	ration at the place de	signated in
	hereby accept the appointmen					
with the provision	s of all statutes relative to the my position as registered agei	proper and	complete per	formance of my duties, an	d I am familiar with	and accept
ine obligations of	my position as registerea agei		///	_		
	(Re	gistered age	nt's signature)		
11 Attached is a	certificate of existence duly au	U thenticated	not more then	90 days prior to delivery	of this application to t	he
ii. ritudilou is a t	minimum of onionality and	uiviiuvaivu, l	mor more man	TO days prior to derivery (νι απο αργιτυαποπ το π	

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

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

which it is incorporated.

,						
V		ORS (Street address only - P.O. Box NOT acceptable)				
	Chairman: _	Woltram Joset Esel				
	Address:	5765 trapahore, auct C				
		Boulder (0 80303)				
	Vice Chairma	n: Cort- Juergen Schroth				
	Address:	5765 Propera Pluit				
		Boulder, Lo 80303				
	Director:	Gary Gutierrez				
		5765 house levil C				
	Address:	Boulde. (0 80303				
		Dand Muses				
	Director:	ETIE Land Unil C				
	Address:	B. 11. (a 80303				
. /	B. OFFICE	ERS (Street address only - P.O. Box NOT acceptable)				
	1.10 M/FC/					
	President:	5765 tradehore UnitC				
	Address:	Boulde 60 80303				
	Wine Bresider	IC				
	Address:					
	Secretary: _	Donald Myers				
	Address:	5765 Arapahan Unil				
		Dou lde, Co. 80303				
	Treasurer: _	Wolfram Josef Esel				
	Address:	5765 tradatore Unil C				
		Boulde, 10 80303				
	NOTE: If	necessary, you many attach an addendum to the application listing additional officers and/or directors.				
X	13	P f for				
/ \	· · · · · · · · · · · · · · · · · · ·	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)				
	14	(Typed or printed name and capacity of person signing application)				
		(I here or immer niture out orthogon of harant affects all annual.)				



STATE OF COLORADO

DEPARTMENT OF STATE

CERTIFICATE

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

SCHROTH SAFETY PRODUCTS CORP.
(COLORADO CORPORATION)

FILE # 19931126773 WAS FILED IN THIS OFFICE ON November 08, 1993 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: June 14, 2000

Donetta Davidson

SECRETARY OF STATE