TRANSMITTAL LETTER

To: Registration Section Division of Corporations	
SUBJECT: INTERNATIONAL STRATEG	IC BUSINESS SOLUTIONS INC. (ISBS, INC.
(Name of co	orporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporat" (Certificate of Existence", and check are submittransact business in Florida.	tion for Authorization to Transact Business in Florida", tted to register the above referenced foreign corporation to
Please return all correspondence concerning this	
VENKAT IYER	SOOO3338565 -07/27/0001079002
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INTERNATIONAL STRATE	EGIC BUSINESS SOLUTIONS, INC. (ISBS, Inc.)
2255 K' SPRING	HARBOR DR. (Address)
To any Process Ki	
DELRAY BEACH, FL	53445 City/State/7:->
(1	City/state/Zip) S 0
Should you need to call someone concerning thi	is matter, please call: 27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
VENKAT IYER at (561) 703-9644
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	.
\$70.00 Filing Fee \$ Certificate of Statu	

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.

1.	INTERNATIONAL STRATEGIC BUSINESS SOLUTIONS, INC. (-,	, 			
	(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.)				
	natural person of parameters in not by contained in the name of presently				
2.	DELAWARE, U.S.A. (State or country under the law of which it is incorporated) 3. EIN: 52-2107683 (FEI number, if applicable)				
4.	(Date of incorporation) 5. —— (Duration: Year corp. will cease to exist or "perpetual")				
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")				
6.	Fala na				
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."				
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)				
7.	a 2255 'K' SPRING HARBOR DR. DELRAY BEACH, FL-33445				
	(Principal office address)				
	b. SAME AS ABOVE (Current mailing address)				
	(Current mailing address)				
8.	Computer Consulting, Training & Software Depretoport	<u>:</u>			
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	:			
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)					
	Name: VENKAT IYER (Self)				
O	ffice Address: 2255 'K' SRING HARBOR DR.				
	DELRAY BEACH, FL-33445, Florida 33445 (Zip code)				
10	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.

A. DIRECTORS Chairman: ___ Address: Vice Chairman: Address: _____ Director: _ Address: __ Director: Address: **B. OFFICERS** President: VENKAT IYER SPRING HARBOR DR. DELRAY BEACH, FL-33445 Vice President: SMITA TYCK K! SPRING HARBOR DR. Address: 2255 DELRAY BEACH, FL-33445 Secretary: _ Address: _ Treasurer: 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) Smita Iya (Vice I sendent? 14. VENKAT IYER (President)

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

12. Names and business addresses of officers and/or directors:

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 "INTERNATIONAL STRATEGIC BUSINESS
SOLUTIONS, 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 FOURTEENTH DAY OF JUNE, A.D. 2000.

SECTION OF THE SECTIO



Edward J. Freel, Secretary of State

AUTHENTICATION:

0496296

DATE:

06-14-00

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