FOI DOOD 1509

To: Registration Section Division of Corporations				
SUBJECT: Vigies Empresarie (Name of corpora	ation - must include suffix)	T-m.		
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation 1 "Certificate of Existence", and check are submitted t transact business in Florida.	for Authorization to Transact to register the above reference	Business in Florida", ed foreign corporation to		
Please return all correspondence concerning this mat	tter to the following:	 ,		
Sylvia C.	Varabri			
	e of Person)			
(Firm/	Company)			
9704 Hammer	s Blvd. Apt. 10	3 <u>2 0</u> 0		
(A	ddress)	The state of the s		
Miami_F(3	3196	mt		
	State/Zip)	3/21		
Should you need to call someone concerning this ma	Santa Tana	003855122 -03/16/01-01031010 ******70.00 ******70.00		
Circito Korcher at (30	5) 3882057	·		
(Name of Person) (Ar	ea Code & Daytime Telephor	ne Number)		
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
vision of Corporations Division of Corporations P.O. Box 6327				
Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$\(\mathbb{C}\) \$78.75 Filing Fee \$\(\mathbb{C}\) Certificate of Status	S78.75 Filing Fee & Certified Copy	J \$87.50 Filing Fee, Certificate of Status & Certified Copy		

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. Viaja (Name of corp	oration; must include the w	es 600 - Ker. ord "INCORPORATE	Compo D", "COMPA	NY", "CORPORATION	" or	-
	eviations of like import in la or partnership if not so com			t is a corporation instead	of a	
2. <u>Me'x</u>	ry under the law of which it		<u> </u>			_
(State or count	ry under the law of which it	is incorporated)		(FEI number, if applica	ible)	
4. <u>11-</u>	ate of incorporation)	5	ocrocionis Year co	orn, will cease to exist or	"nemetual")	<u>.</u> -
(Date first trans	sacted business in Florida. I (SEE SI	If corporation has not the ECTIONS 607.1501, 60	ransacted busi 07.1502 and 8	ness in Florida, insert "u 17.155, F.S.)	pon qualification.	.")
7. a. <u>Au.</u> E	<u>112njas #138.</u>	Co). Jordin Principal office addres	Azpritis s)	a, Mexico.D	F C.P.02	<u>ક્</u> ઉડ
b. <u>970</u> 4	4 Hammocks	Blud Ap-	(c) (c) (s)	miami, Fl. 3.	3196	•
		•				
8. <u>O</u> c	e(s) of corporation authorize	K account	-			
					,	
9. Name and <u>st</u>	<u>reet address</u> of Florida r	egistered agent: (P.	O. Box or M	Iail Drop Box <u>NOT</u> acc	ceptable) 👼	<u> </u>
Name:	Gretla Kar	chel			ं क	, seement !
	O' 1 (A					
Office Address:	reet address of Floridar Gretla Kar 9704-Hammoo Migmi, Fl	Ko Bluck Apt, 1	<u>'0</u> 3		တ	
	Migmi, Fl		, Florida	<u>35196</u> (Zip code)	至而 王	
10 Pagistared	agent's acceptance:					
io. Registered a	ядень з ассерсансе.					
in this application	ed as registered agent and i i, I hereby accept the appoi rovisions of all statutes rela	ntment as registered ag	gent and agre	e to act in this capacity.	I further agree t	to
	ligations of my position as i		eompiese perj	ormanice of my amics, a	sou z une jumentur	771111
		2 July	\geq	·		
	(F	Registered agent's sign	ature)		•	

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.

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

À. DIRECTORS	1				
Chairman: Sylvia C Karcher					
Address: Av. Granias num 138 Col. Jardin Azpeit					
Me'xico, D.F. C.P 02530					
Vice Chairman: <u>Grette m. Karche</u>					
Address: 9704 Hommocks Blud Apt 103					
Mami Fl 3319(0					
Director:					
Address:					
Director:					
Address:					
B. OFFICERS					
President:	28 2				
Address:					
Vice President:					
Address:	<u> </u>				
Secretary:					
Address:					
Addiess.					
Treasurer:					
Address:					
	* 4.5				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.					
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	olication)				
	•				
14. Sylvia C. Kercher Grette m Korcher (Typed or printed name and capacity of person signing application)					



ERTIFICATE OF ACCREDITATION

Presented to:

VIAJES EMPRESARIALES BON-KAR S.A MEXICO, D.F. MEXICO DE C.V.

This is to certify that the above Agent has met the professional standards of the

INTERNATIONAL AIR TRANSPORT ASSOCIATION

to promote and sell international air passenger transportation.

Tom Murphy Managing Director, IDS

Gil D. Madrid
Regional Director Distribution Services
The Americas