FOLOGOGOS674 TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wings International, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following 10/29/01-01062-001
Wings International, Inc
5005 Collins Ave #CUZ
Miami Beach FL 33140
(City/State and Zip code)
For further information concerning this matter, please call: Frank Natoli or Gina Castaldo at (305)865.9795 (Name of Person) (Area Code & Daytime Telephone Number)
SSEE, F.
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy 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.	WINGS INTERNATIONAL, 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.)	
2	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
۷.	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
1	(Date of incorporation) 5. PRPETURE (Duration: Year corp. will cease to exist or "perpetual")	
4,	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6	UPON QUAZIFICATION	
	(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	Principal office address) MIRMI, FLORIDA 33140	
	(Principal office address)	-
	MINMI, FLORIDA 33140	-: =
	(Current mailing address)	<u></u>
8	SALES OFFICE	
Ī	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u> </u>
9	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	— T D
	Name: FRANCIS V. NAFOLI Office Address: 5005 Collins AVE. CUZ DIFF 32	<u>フ</u>
(Office Address: 5005 Colems Ave. CUZ	
	MINMI, Florida 33140	
	(City) (Zip code)	

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: __ Vice Chairman: _ Address: Director: _ Address: _ Director: _ Address: _ **B. OFFICERS** President: ______JANE NSSAEL NEW YORK N.Y. 10028 Vice President: MATTHEW M. LUBRONC Address: 124 62 79 TH St. 90 NEW YORK NY 10028 Secretary: JANE #55NEC Address: Treasurer: MATHEW M. LUBRONO Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

MATTHEW M. Luscono V.P.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of WINGS INTERNATIONAL, INC. was filed on 06/23/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

57.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of October

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