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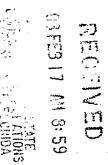
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OFFICE USE ONLY (DOCUMENT #) LAZARUS CORPORATE FILING SERVICE <u>3320 S.W. 87</u> AVENUE MIAMI, FLORIDA (305)552-5973 TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): MANAGEMENT 2. (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy. Will wait Mail out Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(9/92)

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.	IMPRINT MANAGEMENT AGENCY, 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.	DELAWARE 3. 65-1085268
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	MARCH 8, 2000 5. Perpetual
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	March 11, 2002
	(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.	_ 6423 Collins Avenue - Suite # 503 - Niami Beach, Florida 3161
	6423 Collins Avenue - Suite 503 - Miami Beach, FL 33141
	(Current mailing address)
8.	To engage in any lawful act or activity for which corporations mage of under the laws of the State of Florida.
	(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: ABILIO A. HERNANDEZ
0:	ffice Address: 6423 Collins Avenue - Suite 503
	Miami Beach , Florida 33141 . (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.

Chairman:		
Address:		
Vice Chairman	2.	
Address:		
Director:	ABILIO A, HERNANDEZ	03 SE TAL
	0423 Collins Ave., The 503	RETA
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B. OFFICE		
President:	ABILIO A. HERNANDEZ	
Address:	ABILIO A. HERNANDEZ	
Address:	Same	
Address: Vice President:	Same	
Address: Vice President: Address:	Same	
Address: Vice President: Address:	Same	
Address: Vice President: Address: Secretary: Address: Treasurer:	ABILIO A. HERNANDEZ	
Address: Vice President: Address: Secretary: Address:	Same ABILIO A. HERNANDEZ Same	
Address: Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If ne	ABILIO A. HERNANDEZ Some cessary, you may attach an add-andum to the application listing additional officer	
Address: Vice President: Address: Secretary: Address: Treasurer: Address:	ABILIO A. HERNANDEZ Some	s and/or directors

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPRINT MANAGEMENT AGENCY, 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 ELEVENTH FAX OF THE FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPRINT IN MANAGEMENT AGENCY, INC." WAS INCORPORATED ON THE EIGHT DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 2252284

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DATE: 02-11-03