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TRANSMITTAL LETTER

	stration Section of Corpo						
SUBJECT:	Platinum	Pharmaceut	icals US Co	rp			
		(Name	of corporation	on - must include suffi	x)		
Dear Sir or M	ladam:						
	f Existence",	and check are		Authorization to Tran register the above refer			
Please return	all correspon	dence concerni	ng this matter	to the following:			
Gary M. Mi	lls, Esq.					Zo I	
		<u>,, - ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>	(Name o	f Person)	3.'	P: 3	
Gar M. Mill	s, P.A.						g
	<u></u>	<u></u>	(Firm/Co	mpany)		88 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	-
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		<u></u>	(Add	ress)		[] œ [-
Deerfield Be	each, FL 33	442				2	
			(City/State	and Zip code)			
For further in	formation cor	ncerning this m	atter, please o	eall:			
Gary Mills			at (954) 427-4228		-	
(Nan	ne of Person)	. 		Code & Daytime Tele	phone Number)	
STREET AD Registration S Division of Co 409 E. Gaines Tallahassee, F	Section orporations s St.			MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions		
Enclosed is a	check for the	following amo	ount:				
Ø \$70.00 Fili	ing Fee	\$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	Certifi	Filing Fee, icate of Status & ied 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. Platinum Pharmaceuticals US Corp	<u> </u>		
(Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. Delaware 3,	20-0859377		
(State or country under the law of which it is incorporated)	(FEI number, if applicable)		
4. March 10, 2004 5.	perpetual		
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6. upon qualification			
(Date first transacted business in Florida. If corporation has no (SEE SECTIONS 607.150)	ot transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)		
7. 1761 W. Hillsboro Blvd. Ste 104			
(Principal office add	iress)		
Deerfield Beach, FL 33442	Fig. 3		
(Current mailing add	dress)		
g_ any legal business activity			
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)		
9. Name and street address of Florida registered agent:	and the same of th		
Name: Gary M. Mills, P.A.			
Office Address: 1761 W. Hillsboro Blvd., #104			
Deerfield Beach	, Florida 33442		
(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.

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: Amer Rustom		
Address: 1761 W. Hillsboro Blvd., #104, Deerfield Beach, FL 3344	•	
100000		
Director: Azzam Rustom		ALE O
Address: 1761 W. Hillsboro Blvd., #104, Deerfield Beach, FL 33442	•	22 3
Address: 1701 W. Illiaboto Bivd., #104, Decineta Beach, FL 33442	<u> </u>	S = -
		S 6
B. OFFICERS		C &
resident:		20 N
Address:	<u> </u>	7.
ice President:		
Address:		· <u>· · · · · · · · · · · · · · · · · · </u>
ecretary: Gary M. Mills		
ddress: 1761 W. Hillsboro Blvd., #104, Deerfield Beach, FL 33442	2	
reasurer:		
Address:		
OTE: If necessary, you may attach an addendum to the application listing	additional officers ar	nd/or directors.
3. Jampall		
(Signature of Director of Officer listed in number 12 of the a	pplication)	
4 Gary M. Mills, Secretary		

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLATINUM PHARMACEUTICALS US CORP."
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 TWELFTH DAY OF MARCH, A.D. 2004.



Flarrier Smith Hindson

AUTHENTICATION: 2984839

DATE: 03-12-04

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