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Division of Corporations
Fax Number : (850) 205-0383

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

DIVISION OF STATE
CORPORATIONS
FLORIDA

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FOREIGN PROFIT QUALIFICATION

CITY CAPITAL MORTGAGE BANKING CORP.

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OFFICE OF FINANCIAL REGULATION

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CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

October 11, 2004

Mr. Jose Mojica
C/o Blumbergexcelsior
62 White Street
New York, New York 10013

Dear Mr. Mojica :

Re: City Capital Mortgage Banking Corp.

Thank you for your recent letter/fax requesting approval for use of the above-referenced corporate name. It is the opinion of this Office that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company.

The Office does not object to your use of the above-referenced corporate name being registered as a foreign corporation in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Linda B. Charity
Deputy Director
Division of Financial Institutions

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings,
Division of Corporations, Secretary of State's Office

William T. Sims, Division of Finance Regulation

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TALLAHASSEE, FLORIDA

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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. CITY CAPITAL MORTGAGE BANKING CORP.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
CITY CAPITAL MORTGAGE CORP.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW YORK 3. 11-3070335
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 15, 1991 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON AUTHORIZATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1 Holland Avenue, # 102, Floral Park, NY 11001
(Principal office address)

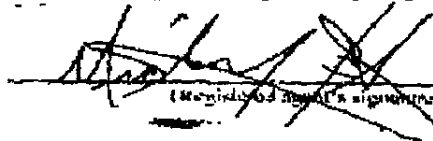
(Current mailing address)
8. mortgage banker
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Michael Blas
Office Address: 2695 Rockrest Court
West Palm Beach, Florida 33411 8173
(City) (Zip code)

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TALLAHASSEE

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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:

BLUMBERG EXCELSIOR
62 WHITE ST
NY NY 10013
000 221 2222 1525

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A. DIRECTORS

Chairman: Shahram Delafz

Address: 1 Holland Avenue, # 102, Floral Park, NY 11001

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Shahram Delafz

Address: 1 Holland Avenue, # 102, Floral Park, NY 11001

Vice President: _____

Address: _____

Secretary: Shahram Delafz

Address: 1 Holland Avenue, # 102, Floral Park, NY 11001

Treasurer: Shahram Delafz

Address: 1 Holland Avenue, # 102, Floral Park, NY 11001

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Shahram Delafz, President

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
SEP 17 2004

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State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CITY CAPITAL MORTGAGE BANKING CORP. was filed on 05/15/1991, under the name of CITY NATIONAL MORTGAGE BANKING CORP., 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. I further certify the following:

A Biennial Statement was filed 01/19/1993.

A Biennial Statement was filed 08/30/1993.

A Biennial Statement was filed 05/14/1997.

A Biennial Statement was filed 06/17/1999.

A certificate changing name to CITY CAPITAL MORTGAGE BANKING CORP. was filed on 01/30/2001.

A Biennial Statement was filed 05/04/2001.

A Biennial Statement was filed 05/05/2003.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 14th day of September
two thousand and four.

Secretary of State

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