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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JALPAK INTERNATIONAL U.S.A., 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:

JOHN KOMOTO
(Name of Person)

JALPAK INTERNATIONAL U.S.A., INC.
(Firm/Company)

390 N. SEPULVEDA BLVD., SUITE 2000
(Address)

EL SEGUNDO, CA 90245
(City/State and Zip code)

For further information concerning this matter, please call:

JOHN KOMOTO at (310) 606-5316
(Name of Person) (Area Code & Daytime Telephone Number)

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 & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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. JALPAK INTERNATIONAL U.S.A., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. HAWAII 3. 20-3124983
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/07/2005 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 390 N. SEPULVEDA BLVD., SUITE 2000, EL SEGUNDO, CA 90245
(Principal office address)

390 N. SEPULVEDA BLVD., SUITE 2000, EL SEGUNDO, CA 90245
(Current mailing address)

8. TRAVEL AGENCY
(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: KUNIKO OSAWA

Office Address: 5805 BLUE LAGOON DR., STE 445

MIAMI, Florida 33126
(City) (Zip code)

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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:

A. DIRECTORS

Chairman: TETUJIRO ANDO

Address: 390 N. SEPULVEDA BLVD., SUITE 2000
EL SEGUNDO, CA 90245

Vice Chairman: _____

Address: _____

Director: PETER KASHIWA

Address: 390 N. SEPULVEDA BLVD., SUITE 2000
EL SEGUNDO, CA 90245

Director: _____

Address: _____

B. OFFICERS

President: TETUSJIRO ANDO

Address: 390 N. SEPULVEDA BLVD., SUITE 2000
EL SEGUNDO, CA 90245

Vice President: _____

Address: _____

Secretary: TERUO AOKI


Address: 390 N. SEPULVEDA BLVD., SUITE 2000, EL SEGUNDO, CA 90245

Treasurer: TERUO AOKI

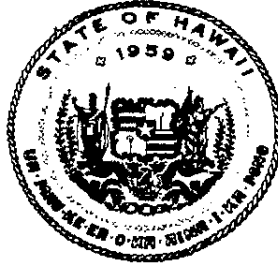
Address: 390 N. SEPULVEDA BLVD., SUITE 2000, EL SEGUNDO, CA 90245

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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. TETSUJIRO ANDO, PRESIDENT
(Typed or printed name and capacity of person signing application)



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

JALPAK INTERNATIONAL U.S.A., INC.

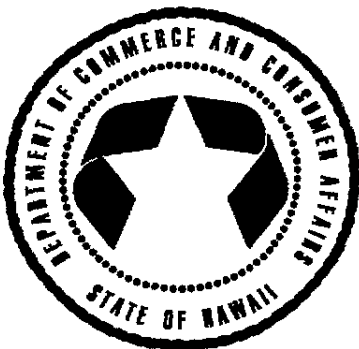
was incorporated under the laws of the State of Hawaii on 07/07/2005 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: July 08, 2005

Mal E. Rechtenwald

Director of Commerce and Consumer Affairs



Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the transmittal letter and send one check for the total amount made payable to the Florida Department of State.
- The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Registration/Tax Lien Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

Acc#-6935