SYLVANIA EXPORT CORPORATION N.V.  Secretary of State 01-19-2000 90152 028 ***15.00  1-19-2000 90152 028 ***15.00  Aprincipal Place of Business  800 N. ANDREWS AVE. SUITE 240 FT. LUIDERDALE FL 33039  2. Principal Place of Business  Suite, Act. W 18c.  Suite, Act. W 1	2000 UNIFORM BUS		ORT (UBR)	FILED Jan 19, 2000 8:00 ar
SYLVANIA EXPORT CORPORATION N.V.  01-19-20000 90152 028 ****130 00	DOCUMENT # F930000	102240		Secretary of State
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Science Appl. 47-600.  2. Principal Place of Business  Suite. Appl. 47-600.  City & Store  City & St	Principal Place of Business	Mailing Address	<del></del>	-
Sute, Apr. #. Tel.  Sute, Apr. #. Tel.  City & State  City	6600 N. ANDREWS AVE. SUITE 240		SUITE 240	
Suite, Agu. # "disc   Suite, Agu. # misc   Suite, A	FT. LAUDERDALE FL 33309	FT. LAUDERDALE FL 3330	9-2188	901423
Suite, Agu. # "disc   Suite, Agu. # misc   Suite, A		11		I MBHRÉ (NG CHCE FINI CHAI BEIN BEIN GEN BEIS I GEN HAN DEN BEN BEN BEN
Coy & State    Coy & State   Coy & State   Country   Status Decired   Section 1 Status Decired   Section 1 Status Decired   Section 1 Status Decired   Section 1 Section 1 Section 1 Section   Section 1 Secti	2. Principal Place of Business	3. Mailing Address	<del></del>	
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2D Country St. Certification 65-0405576   Applied 55-0405576   Applied 55-040576   Applied 55-040676   Applied 55-040576   Appli	City & State	City & State		1/
Se. Name and Address of Courtery  5. Contribute of Status Desired  5. Name and Address of Courter Registered Agent  LINDEN, JEFFREY M  680 N. ANDREWS AVE., SUITE 240 FT. (AUDREDALE F1. 3309)  City  FL. Zip Code  6. The above named entity submits this statement for the purpose of changing its registered direc or registered agent. or both; in the State of Fonds.  SIGNATURE  6. This corporation, is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is effigible to satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is efficient or satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This corporation is efficient or satisfy the finding bid in the State of Fonds.  SIGNATURE  6. This above is a state of Fonds.  SIGNATURE  6. This corporation is efficient or satisfy the finding bid in the State of Fonds.  SIGNATURE  6. The Additional Properties of State of Fonds.  SIGNATURE  6. This above is a state of Fonds.  SIGNATU	Only designed	City & State		4. FEI Number 65-0405576 Applied For Not Applied For
LINDEN, JEFFREY'M 6600 N' ANDREWS AVE., SUITE 240 FT. '(AUDERDALE FL. 3309)  8. The above named entity submits this statement for the purpose of changing lis registered office or registered agent. or both' in the State of Florida.  SIGNATURE	Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
LINDEN, JEFFREY M 6600 N ANDREWS AVE., SUITE 240 FT. LAUDERDALE FL 33309  City  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and state in State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and state in State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and state of the purpose of purpose agent and state in State of Plorida.  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and state of the purpose agent and state in State of Plorida.  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and state of the purpose agent and state in State of Plorida.  8. The above named entity submits this statement for the purpose of changing its registered and statement agent and statement agent agen	6. Name and Address of Current F	legistered Agent		
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City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  SIGNATURE  9. This corporation, is eligible to satisfy the Inflang Die Rate MAY 1,2000 Fee will be \$550.00 Make Check-Physible to Department of State of Science and Name of Name		,•	Street Address	(P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent agent, or both in the State of Florida.  SIGNATURE  Grantum, how or purtoe name of registered agent and study a socilable.  9. This corporation is eligible to satiefy jist infangible Tax filting requirement and elects to do so.  After MAY 1,2000 Fee will be \$550,00  Make Checky-Payable to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. Work of Tax Fund Contribution.  Added to Fee.  INTER LINDEN, JEFFREY M.  INTER LOBESS		فير: `		
B. The above named entity submits this statement for the purpose of changing its registered ciffice or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typoid or permise name of registered agent and gibbs a reportable.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  ONTE Registered Agent agreaturement in the State of Florida.  In Election Campaign Financing Trust Fund Contribution.  ONTE Registered Agent agreaturement of State of Changes Interest Florida.  In Interest Florida.  Interest Agents Storida Agent agreement of State of Changes Interest Florida.  ONTE Registered Agent agreement in the State of Change Interest Florida.  ONTE Florida State Agents Interest Interes	A CONTRACT OF THE SECOND SECOND		City	Zin Code
SIGNATURE  Signature, thool or printed name of regittened agent and sell a septicable.  (NOTE Registened Agent Signature incurred when remainlance)  FILE NOW!!! EFE IS \$150.00 After MAY 1,2000 Fee will be \$550.00 Make Check Check Provide to Department of State  Make Check Check Provide to Department of State  LINDEN, JEFFREY M  LINDEN, JEFFREY M  LINDEN, JEFFREY M  ITTLE  LINDER, JEFFREY M  LINDER, JEFFREY M  LINDEN, JEFFREY M  LINDEN, JEFFREY M  LINDEN, JEFFREY M  LINDEN, JEFFREY M  LINDER, JEFFREY M  LINDEN, JEFFREY M  LINDER, JEFFREY M  LINDEN, JEFFREY M  LINDER, JEFREY M  LINDER, JEFFREY M  LINDER, JEFFREY M  LINDER, JEFFREY M  L	8. The above named entity submits this statement for	the purpose of changing its	registered office or register	
Survavive, Tread or printer name or legislated approximation (POTE Registrated Agant Signature required work revitating)  The Corporation, is eliquible to satisfy its finlangible in task filting requirement and elects to 40 so. (See criteria on back)  The Corporation of the Corp		and purposed of Gridinging his	registered office of register	eo ageni, or boin, in the state of Fiorida.
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Tax diffing requirement and relocis to do so.    After MAY 1,2000 Fee will be \$550.00     Make Check Payable to Department of State		<del>/</del>		when reinstating) DATE
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IGNATURE: SIGNATURE IND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	IGNATURE: SINGULAR	XZZEQUIRI		1/3/00 9.74-176-1606