7500000 1397

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

SUBJECT:	AMBASSA	HOLDINGS,	nte,		
	(Name of corporation - must include suffix)				

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Fiorida", "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:

CHRISTIAN	de 3	BERDO	UARÉ	
(Nan	ne of Pars	on)		
AMBASSA			inc.	
(Fim	1/Compan	γ)		
5415 Co	LLINS	AVE,	Suite	305
	ddress)			_
MiAMi BE			33140	
(City, State	and Zip	Code)	_	

Should you need to call someone concerning this matter, please call:

		DER DOUARE				ne Telephon		
HRISTIAN	do	BERDOUARE	1	305	, 731	600	20	

55 Ki 23 ** 9: 12

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Fallahassee, FL 32314

ACTION OF SOLE INCORPORATOR AMBASSA HOLDINGS, INC.

The undersigned, without a meeting, being the sole of incorporator of the Corporation, does hereby elect the persons listed below to serve as directors of the corporation until the first annual meeting of shareholders and until their successors are elected and qualify:

CHRISTIAN DE BERDOUARE

April L. Roberts
Incorporator

Dated: February 21, 1995

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W95-7192



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Fobruary 24, 1995

CHRISTIAN DE BERDOUARE AMBASSA HOLDINGS, INC. 5415 COLLINS AVE, SUITE 305 MIAMI BEACH, FL 33140

SUBJECT: AMBASSA HOLDINGS, INC.

Ref. Number: W95000004292

We have received your document for AMBASSA HOLDINGS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please note that we are returning the certified copy of articles which you submitted, as it is different from the certificate we require.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 695A00008572

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO IRANSACT 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.	AMBASSA HOLDINGS, INC	
1	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural performance in partnership if not so contained in the name at present.)	<u>s</u> bu ≘
'	or parmership it not so contained in the name at present.)	t 1000000000000000000000000000000000000
2.	DELAWARE State or country under the law of which it is incorporated) (FEI number, if applicable)	<u>)</u>
(:
4.	2/21/195 5. PERPETUAL (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	<u>. </u>
6.	2/23/1995 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	ui.
((Data first transacted business in Florida. (See eactions 607.1501, 607.1502, and 817.155, F.S.)	
7.	5415 COLLINS AVENUE, SUITE 305	
	MIAMI BEACH, F. 33140	
	(Current mailing address)	
8.	ALL LAWFUL PURPOSES (Purposu(s) of corporation authorized in home state or country to be carried out in the state of Florida)	,,
	(Purposu(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
9.	Name and street address of Florida registered agent	
	Name: CORPORATION SERVICE COMPANY	
	Office Address: 1201 Hayes Street	
	Tallahassee , Florida , 32301 (Zip Code)	
10	. Registered agent's acceptance:	
Ha	ving been named as registered agent and to accept service of process for the above st	ated
co. reg of	rporation at the place designated in this application, I hereby accept the appointment of stered agent and agree to act in this capacity. I further agree to comply with the provise all statutes relative to the proper and complete performance of my duties, and I am fant the and accept the obligations of my position as registered agent.	t as ions
	(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 addresses of officers and/or directors: DIRECTORS A. Chairman: CHRISTIAN de BERDOUARE 5415 COMINS AVENUE, SUIT 365 FLURIDA 33140 MIAMI BEACH, Vice Chairman; Address: Director: Address: ______ Director: Address: _____ В. OFFICERS President Same as above Address: Vice President: Address: ______ Secretary: Same as above Address: ____ Same as Treasurer: __ Address: _____ NOTE: If necessary/)ypu/may attach/an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

CHRISTIAN de BERDOUARE, CHAIRMAN

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

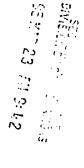
State of Delaware Office of the Secretary of State

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A Committee of the Comm

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HOVE OUT BEEN GOBEESTIN TO DATE:





Edward J. Freel, Secretary of State

AUTHENTICATION

DATE: