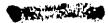
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TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

200001450412 -04/19/95--01073--005 *****78.75 *****78.75

SUBJECT: CUSTOM AIR PARTS 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:

(Name of Person)

CUSTOM AIR PARTS

(Firm/Company)

13091 NW 43rd AVE UNIT 9

(Address)

OPA-LOYLA, FL. 330SH

(City, State and Zin Code)

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

LYNDA WELLMAN at (305) 681 - 8840.

(Name of Person) Area Code & Daytime Telephone Number

SECRETARY OF STATE OF STATE OF COMPCRATION OF COMPCRATION OF STATE OF STATE

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 Tallaha:see, FL 32314

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. CUSTOM AIR PARTS INC. (Name of corporation: must include the word "INCORPORATED", "COMPANY", CORPOR abbreviations of like import in language as will clearly indicate that it is a corporation instead or partnership if not so contained in the name at present.)	
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPOR	ATION or words or
or partnership if not so contained in the name at present.)	sau (i a natural person
Co aco	
2. NEVADA (State or country under the law of which it is incorporated) 3. E8-033 (FEI number, if applicated)	4643
(Sale or country under the law of which it is incorporated) (FEI number, if applicate	ole)
4. MARCH 13 1995 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to ex	rist or "nemental"
- Panding when authorization to transact laws:	the State
6. Parding your authorization to transact business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)	of Florida
7. 13091 N.W 43rd AVE STE 9	<i>y</i> - 23 2
DRA 100KA & 22081	
OPA - LOCKA FL 33084 (Current mailing address)	
8. Purchase and sale of average parts of parts of the period of in the	charland pale
8. Purchase and sale of average parts, pur (Purpose(s) of corporation authorized in home state or country to be carried out in the	walt
9. Name and street address of Florida registered agent:	
Name: TRACIE KOLHOFF	
Office Address: 13091 NW 43 AUE # 9	,
OPA LOCKA, Florida,	33054
	(Zip Code)
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process in	for the above stated
corporation at the place designated in this application, I hereby accept (the appoinเกียกเริ่มร
registered agent and agree to act in this capacity. I further agree to comply of all statutes relative to the proper and complete performance of my dutie	with the provisions
with and accept the obligations of my position as registered agent.	CAL CAL
I. L. Kothott	A POP
V. of Kolhott	င္ကာ အုပ္

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: DIRECTORS Chairman: RICHARD R. WELLMAN Address: 7540 LOCHNESS DR MIAMI LAKES, FL. 33014 Vice Chairman: _____ Address: ____ Director: LYNDA WOLLTAN Address: 7540 LOUINGS DR THAM! LAKES FL 3304 Director: Address: _____ B. **OFFICERS** President: RICHAED R WELLMAN Address: 7540 LOCH NESS DR MIAMI LAKES FL 33014 Vice President: Address: ___

MIAMI LAKES FL 33014

Secretary: LYNDA WELLMAN

Address: 7540 LOUINESS DR

1. LYNDA WELLMAN SEC.

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



CERTIFICATE OF COP. ORATE EXISTENCE (EXCLUDING AMENDMENTS)

I, DEAN HELLER, the duly elected, qualified and acting Secretary of State of the State of Nevada, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, **CUSTOM AIR PARTS**, **INC**. at the date of this certificate, is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith; is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 11TH day of APRIL, 1995.

Dan Hellen

OIVISION OF CORPORA

95 APR 20 AN 8:

Secretary of State

Certification Clerk