FOSOCOS556 TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

500001496685 -05/24/95--01095--007 *****78.75 *****78.75

	(Name of corporation - must include suffix)		
Dear Sir or Madam:		W)95-10958	
Florida", "Certifica	pplication by Foreign Corporation for Autate of Existence", and check are submitted to transact business in Florida.	horization to Transac	ct Business in
Please return all co	rrespondence concerning this matter to th	e following:	15/25
	Thomas Kornitzer (Name of Person)		O 95 DINIE
	1. H. 89th Street Corps.		35/25 SERIE FILE
	200 35 Palm Island Dr. (Address)	<u>-</u>	S PHI
	Baca Raton FL 33498 (City, State and Zip Code)		帝和孙后:5 PH 12: 28

COURIER ADDRESS:

(Name of Person)

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

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

MAILING ADDRESS:

Area Code & Daytime Telephone Number

at (407) 391 - 8244

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, 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:

Ti coul Clarat Cons
1. The Street Corp. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
or partnership if not so contained in the name at present.)
• No Val
2. New York 3. 1/-326-2466 (FEI number, if applicable)
4. <u>March /5 /995</u> 5. <u>Perpetual</u> (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual") \Rightarrow
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 20035 Palm Island Drive
(Current mailing address)
8. 10 on Por Bank account for CENE debasis from 2 apartments in IVEN 10/11 " (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(Current mailing address) 8. To goen Bank account for cent deposits from 2 agastments in New York (Purpose(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: Thoms Howitzer
Office Address: 20035 Palm Island drive
Boca Raton , Florida , 33498 (Zip Code)
(Zip Code)
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.

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)

addre	and addresses of officers and so ONLY- P. O. Box NOT acceptable	Le)
	Thomas Karnif zec	
	20035 Blm Ishad drive	
vantess:	Ruca Reton, FL 33498	· · · · · · · · · · · · · · · · · · ·
Vice Chairm	an:	
		ONVISION STATE
Director: _	Thomas Karnitzer	γ 25
	Same as above	ي بن
Director: _		28
	Street address only- P. O. Box N	OT acceptable)
Address:	20035 Palm Island drive	
. 	Boca Baton, FL 33498	
Vice Preside	ent:	
Address:		
Secretary:	Bety Karnitzer	
Address:	Same as above	
<u> </u>		
Treasurer:		
Address: _		
13.	cessary, you may attach an addentional officers and/or director director of Chairman, Vice Chairman, or any 12 of the application)	
14. That	or printed name and capacity of person	

State of New York Department of State

I hereby certify, that the certificate of incorporation of T.K. 89TH STREET CORP. was filed on 03/15/1995, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

I further certify, that no other certificates have been filed by such corporation.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of May one thousand nine hundred and

ninety-five)

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SECRETARY OF STATE OF WINN OF CORPORATIONS