C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street		-06/21/9501056018 ++++61.25 ++++61.25	
Address Tallahassee, Florida 32;	201	ATTA ATTA ATTA ATTA ATTA ATTA ATTA ATT	
City State Zip	Phone 04-222-1092	90000019191945 -06/21/9501056014 *****70.00 *****70.0	
Emblens Totornatum	1 Inc.		
Profit NonProfit Limited Liability Company	() Amendment	() Merger	
) Foreign	() Dissolution/Withdraw	ral () Mark	
) Limited Partnership) Reinstatement	() Annual Report () Reservation	() Other () Change of R.A.	
Certified Copy	() Photo Coples	() CUS/ G/S	
) Call When Ready Walk in Mail Out	() Call If Problem () Will Wait	() After 4:30 C(-) Pick Up	
			
ime	3:00		
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CR2E031 (1-89)

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIMSION OF CORPORATIONS	100 mg
SUBJECT: Emblem International Inc	10 10 10 10 10 10 10 10 10 10 10 10 10 1
(Name of corporation)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transaction and "Certificate of Existence", and check are submitted to register the abortoreign corporation to transact business in Florida.	ot Business in ve referenced
Please return all correspondence concerning this matter to the following: Aurelio A. Ulgi [Name of Person] Emblem Trierrational Inc. [Firm/Company)	
1400 S.W.1 ST (Address) MIAM; [-] 33135 (City, State and Zip Code)	

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

Aurelu A Uigil at (305) 649-7014

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Registration 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:

CITTLE OF TEOTIDAT		
1. (Name of corporation: must in abbroviations of like import in or partnership if not so contain	iclude the word "NCORPORATED", "COMP. language as will clearly indicate that it is a coned in the name at present.)	ANY", CORPORATION" or words or corporation instead of a natural person
2. De Laware (State or country under the law	vof which it is incorporated) 3	65 - 05 7 £ 3 2 6
4. $(Data of Incorporation)$	5. Ded ne (Duration: Year dorp.	+UIS
6. 6-30-81	In Fiorida. (See sections 007,1501, 007,1502, and i	will coaso to exist or perputually
	The state of the s	117.165, F.S.)
7. 1400	1.W157	
MIAMi	Fl 33135	
	urrent mailing address)	
8. Expor	ナー	
(Purposels) of corneration a	A uthorized in home state or country to be ca	ried out in the atote of Florida
9. Name and street addr	ess of Florida registered agent:	
Name:	C T CORPORATION SYSTEM	_
Office Address:	1200 South Pine Island Road	
_	Plantation,	. Florida . 33324
		(Zip Code)
10. Registered agent's ac	cceptance:	
	istered agent and to accept service	Of process for the shows stated
corporation at the place de registered agent and agree of all statutes relative to the	esignated in this application, I here to act in this capacity. I further agre a proper and complete performance cons of my position as registered age	by accept the appointment as e to comply with the provisions of my duties, and I am familiar
		ORYALI SSISTANT SECRETARY
	(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: (Street address ONLY- P. O. Box NOT acceptable) DIRECTORS (Street address only- P. O . Box NOT acceptable) Α. Chairman: _ Address: Vice Chairman: Address: ____ Director: ____ Address: __ Director: ____ Address: _____ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: Hurelio w 2 MIAMI Michael Vice President: ____ Address: ____/___/_____ Put 407 MIAMI Secretary: ____ 100 LILCUIN Address: Ant 40) 1601401 M1140 Treasurer: WAGNER Address: SPAIN 28020 MHOLRID NOTE: If necessary, you 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) (Typed or printed name and capacity of person signing application)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY *EMBLEM INTERNATIONAL. INC.* IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JUNE, A.D. 1995.



Edward J. Freel, Secretary of State

AUTHENTICATION: 7543613

DATE: 06-19-95

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