F95000003/15

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

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SUBJECT: International Cargo Marketing Consultants, Inc. d/b/a/ Alliance Airlines
(Nume 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:

_	Jacqueline Schuelke		
	(Name of Person)		
	I.C.M.C., Inc.		
	(Firm/Company)		
	P.O. Box 66751 AMF O'Hare	International	Airport
	(Address)		
	Chicago, Il. 60666		
	(City, State and Zip Code)		
	(City, State and Zip Code)		

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

Jacquie Schuelke at (312) 686-5840
(Name of Person) Area Code & Daytime Telephone Number

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 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:

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) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Robert L. Jones Jr. Chairman: 604 Regency Dr. Lake Zurich, II. 60047 Address: Vice Chairman: __ lan McCarthy 40 Oak St. Address: ____ Cresskill, N.J. 07626 Director: _____ Address: ___ Director: _____ Address: _____ B.OFFICERS (Street address only- P. O. Box NOT acceptable) President: ___Robert L. Jones Jr. same as above Address: ____ Vice President: ____ Ian Mc Carthy Address: ____same as above Ian Mc Carthy Secretary: same as above Address: Robert L. Jones Jr. Treasurer: same as above Address: NOTE: If necessary, you may attach an addendum to the application listing additional difficers and/or directors. Chairman, Vice Chairman, or any officer listed in number 12 of the application) Robert L. Jones Jr. President

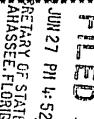
(Typed or printed name and capacity of person signing application)

File Number : 5483-202-8_



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois.



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George H Ryan
SECRETARY OF STATE