0004127 ١

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: WESTERN EQUIPMENT CORPORATION (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:

MR. ROBYN PRESTON (Name of Person) WESTERN EQUIPMENT CORPORATION (Firm/Company) 21 MAPLE AVENUE (Address)

BAY SHORE NY 11706

(City/State/Zip)

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

ROBYN PRESTON (Name of Person)		516	665-7707			
		(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 Section 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:

1.	WESTERN EQUIPMENT CORPORT											
	(Name of corporation: must include the word "INCORPO abbreviations of like import in language as will clearly indi- person or partnership if not so contained in the name at pre-	RATED" icato that esent.)	יייני ונאו	OM a co	אריוו וסקזי	IY","C ation i	ORPO	DRATIC of a na	DN" or ' turni	words	or	-
2. (S	NEW JEASEY State or country under the law of which it is incorporated)	3		22	2-1	4661 TELN	L29 umber	, if app	lenble)			-
4,	FEBRUARY 25, 1949 (Date of Incorporation)	5,				RPET			-			_
								se lo ex		serpetu	nl")	-
б.	SEPTEMBER 11, 1995 (Date first transacted business in Florida, (SEE SECTION						-					
	(Date first transacted business in Florida, (SEE SECTION	s 607.15	501,7	607	.150	2, AND	817.1	55, F.S	.)		-1	•
7.	WESTERN EQUIPMENT CORF	PORAT	ION	1						<u>у</u> П 21	115	
	21 MAPLE AVENUE Bay shore ny 11706									រ. សូ	- 11 6 - 11 - 11 - 11 - 11	
-	(Current maili	ng addres	55)									•1
8.	EXPORT									بر بي د		C III
(T Fi	Purpose(s) of corporation authorized in home state or counts lorida)	ry to be c	arrie	cd o	ul in	the str	lc of			-1-	ü	I
9. I a	Name and street address of Florida registered acceptable)	agent	: (P	P.O	. Bo	ox or i	Mail	Drop	Box <u>N</u>	<u>IOT</u>		
	Name: ROBYN PRESTON											
Offic	ce Address:	7, SU	IT	E	J							
	LAUDERDALE LAKES FL 3	3319-	-58; Floi	11 orida	a.							
		,			Ċ	Lip Co	de)		-			

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.

Registered agent's signature)

11. Attuched 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.

A. DIRE	CTORS (Street address only- P. O . Box NOT acceptable)
Chairman: _	MR. ALBERT CHARIE
Address:	QUARTIER DU MOULIES, BP 21, 40161 PARENTIS EN BORN
Vice Chairn	nan:
Address:	
 Director:	
Address:	
Director:	
Address:	
B. OFFICE	CRS (Street address only- P. O. Box NOT acceptable)
President:	ROBYN PRESTON
Address:	38 LEOPOLD AVENUE, WEST ISLEP NY 11795
Vice Preside	nt:
 Secretary:	GERMAINE CHARIE
Address:	QUARTIER DU MOULIES, BP 21, 40161 PARENTIS EN BORN FR
- 	
Address:	······································
NOTE: If no officers and/o	ecessary, you may attach an addendum to the application listing additional or directors.



NEW JERSEY SECRETARY OF STATE

WESTERN EQUIPMENT CORPORATION

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTERZAUTHORIT, OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON FED. 24,1444

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW SAID BUSINES'S HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR MAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

820 BEAR TAVERN ROAD WEST TRENTON NJ 08628 AND THE REGISTERED AGENT IS THE CORPORATION TRUST CO.

AUG. 17,1995 Forme R. Hooling



02/20/1996 16:18 95:17303639 WESTERN EQUIPMENT CORPORATION WESTERN EQUIPMENT CORPORATION 4800 North State Road 7, Suite J Lauderdale Lakes FL 33319-5811 TEL: (954)-730-3367 FAX: (954)-730-3639	PAGE 01
02-20-	•96
ATTN: FLORIDA DEPT. OF STATE, DIV. OF CORPORATIONS MS. THELHA LEWIS RE: WESTERN EQUIPHENT'S CORRECT ADDRESS	RECEIVED 96 FEB 20 AH 8: 52 DIVISION OF CORPORATIO
FILE # F9500004127 (5)	CEIV 20 /ui
DEAR HS. LEWIS:	IVEI AH 8:
AS PER OUR TELCON OF TODAY, I AM CONFIRMING TO YO	ED 8:52
THE CORRECT ADDRESS FOR WESTERN EQUIPMENT CORP. OUR PRI	at IV
PLACE OF BUSINESS AND DUR MAILING ADDRESS ARE THE SAME,	AS SHOWN
ABOVE ON OUR LETTERHEAD. KINDLY CORRECT YOUR RECORDS TO	
THIS ADDRESS.	ntr t E01
THANK YOU FOR YOU KIND ATTENTION IN THIS MATTER.	
GUALIFIED - 8/25/95 FEJ dr 22-1466129 RESPECTFULLY.	
RESPECTFULLY,	
res 22-1466129 DA (D-	hana .

HR. ROBYN PRESTON

9547303639 02-20-96 04:23PM POOL #48

Change of address

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