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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

RECEIVED 15700041321
-08/25/95--01074--010
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SUBJECT: OLISA 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:

JACK GUERIN
(Name of Person)
OLISA INC.
(Firm/Company)
6450 COLLINS AVE UNIT 1103
(Address)
MIAMI BEACH FLORIDA 33140
(City, State and Zip Code)

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

JACK GUERIN at (305) 861-6093
(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
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. OLISA INC.
(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.)
2. NEW YORK
(State or country under the law of which it is incorporated)
3. 13-380 3387
(FBI number, if applicable)
4. 6/20/94
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will consent to exist or "perpetual")
6. 1/1/96
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 6450 COLLINS AVE UNIT #1103
MIAMI BEACH, FLA 33140
(Current mailing address)
8. PROFESSIONAL SERVICES
(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: JACK GUERIN
Office Address: 6450 COLLINS AVE - UNIT 1103
MIAMI BEACH, Florida, 11340
(Zip Code)

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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.

JCS
(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)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: JACK GUERIN
Address: 6450 COLLINS AVE - UNIT 1103
MIAMI BEACH, FLA. 33142

Vice Chairman: _____
Address: _____

Director: JACK GUERIN
Address: 6450 COLLINS AVE - UNIT 1103
MIAMI BEACH, FLA. 33142

Director: _____
Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: JACK GUERIN
Address: 6450 COLLINS AVE - UNIT 1103
MIAMI BEACH FLA. 33142

Vice President: _____
Address: _____

Secretary: JACK GUERIN
Address: 6450 COLLINS AVE - UNIT 1103
MIAMI BEACH, FLA. 33142

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JACK GUERIN - SECRETARY
(Typed or printed name and capacity of person signing application)

State of New York
Department of State

ss:

I hereby certify, that the certificate of incorporation of OLISA INC. was filed on 06/20/1994, 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.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of June
one thousand nine hundred and
ninety-five.

Alexander F. Treachwell

Secretary of State

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