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TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

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-0R/29/95--01062--008
*****70.00 *****70.00

SUBJECT: SADAN-OWENS, 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:

G. HARRY PAPALEO CPA

(Name of Person)

PAPALEO, ROSEN & CIELE, P.A.

(Firm/Company)

28 N. DUPONT HIGHWAY

(Address)

SMYRNA, DELAWARE 19977

(City, State and Zip Code)

RECEIVED
DIVISION OF CORPORATIONS
6/28/95 2:10

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

G. HARRY PAPALEO CPA

(Name of Person)

at (302) 798 - 2300

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

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. SABAB-OWENS, 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. DELAWARE
(State or country under the law of which it is incorporated)
3. 51-0329544
(FBI number, if applicable)
4. 9/28/90
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. SEPTEMBER 1, 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))
7. 6931 BEACON HOLLOW TURN
BOYNTON BEACH, FL 33437
(Current mailing address)
8. RETAIL SALES, RESTAURANT
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: PAUL OWENS
Office Address: 6931 BEACON HOLLOW TURN
BOYNTON BEACH, Florida, 33437
(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.

(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: PAUL OWENS

Address: 6931 BEACON HOLLOW TURN, BOYNTON BEACH, FL 33437

Vice Chairman: MARIBELL OWENS

Address: 6931 BEACON HOLLOW TURN

BOYNTON BEACH, FL 33437

Director: _____

Address: _____

Director: _____

Address: _____

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

President: PAUL OWENS

Address: 6931 BEACON HOLLOW TURN

BOYNTON BEACH, FL 33437

Vice President: _____

Address: _____

Secretary: MARIBELL OWENS


Address: 6931 BEACON HOLLOW TURN

BOYNTON BEACH, FL 33437

Treasurer: _____

Address: _____

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

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

14. X PAUL J. OWENS MARIBEL OWENS
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SABAS-OWENS, 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 TENTH DAY OF AUGUST, A.D. 1995.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
AUG 10 2 10 PM '95



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION:

7604152

DATE:

08-10-95