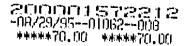
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TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS



SUBJECT: SABAB-OWENS, INC.

(Name of corporation - must include suffix)

Doar Sir or Madam:

The enclosed "Application by Fereign 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 & CHELF, P.A.
(Firm/Company)

28 N. DUPONT HIGHWAY
(Addross)

SMYRNA, DELAWARE 19977
(City, State and Zip Code)

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

G. HARRY PAPALEO CPA at (302) 798 - 2300 .

(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

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.	
abbreviations of like import in language as will clearly indi- person or partnership if not so contained in the name at pro-	RATED", "COMPANY", "CORPORATION" or words or cate that it is a corporation instead of a natural escat.)
2. DELAWARE	3. 51-0329544
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 9/28/90	5. PERPETUAL
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. <u>SEPTEMBER 1, 1995</u> (Date first transacted business in Florida, (SEE SECTION	9.607 1501 607 1502 608 917 155 17 55
· · · · · · · · · · · · · · · · · · ·	(3)
7. 6931 BEACON HOLLOW TURN	
	<i>C</i> ((() () () () () (() () ()
BOYNTON BEACH, FL 33437	Erit Om
(Current mailing address)	
8. RETAIL SALES, RESTAURANT	
(Purpose(s) of corporation authorized in home state or countr Florida)	y to be carried out in the state of
9. Name and street address of Florida registered acceptable)	agent: (P.O. Box or Mail Drop Box NOT
Name: PAUL OWENS	·
Office Address: 6931 BEACON HOLLOW TURN	
вочитои велси	, Florida , ³³⁴³⁷ (Zip Code)
to. Megistered agent's acceptance:	, ,
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. If all statutes relative to the proper and complete perform and accept the obligations of my position as registered.	nt service of process for the above stated on, I hereby accept the appointment as further agree to comply with the provisions of rmance of my duties, and I am familiar with ed agent.
(Registered agent	s signature)
 Attached is a certificate of existence duly authent delivery of this application to the Department of S official having custody of corporate records in the incorporated. 	instad materials and the contract

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: <u>PAUL</u> OWENS Address: 6931 BEACON HOLLOW TURN, BOYNTON BEACH, FL 33437 Vice Chairman: MARTHELL OWENS Address: 6931 BEACON HOLLOW TURN BOYNTON BEACH, Et. 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. TAUL 5. 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.

10 12 5.1.15 (2.1.10)



Edward J. Freel, Secretary of State

AUTHENTICATION:

7604152

DATE:

08-10-95

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