CETTER

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS SCICHCUC:1.50335525 -00717795--01036--002 ****131.00 ****131.00

Contra 1440 a

SUBJECT: ATLAS TOURS THE CANIBBENN CONNECTION JAIL

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:

<u>HENNETH</u> STEWART (Name of Person) ATLASTOURS THE CARIBBEAN (Firm/Company) 49.08 NW (Address) 1.414 (City, State and Zip Code) 2 4 6

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

KENNETH STECHART at (1/8) 462-0711 - 305-792-3636 (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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 17, 1995

KENNETH STEWART % ATLAS TOURS THE CARIBBEAN CONNECTION, 4228 N.W. 12TH STREET LAUDERHILL, FL 33313 SS SEP -6 FN 2: 12

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SUBJECT: ATLAS TOURS THE CARIBBEAN CONNECTION, INC. Ref. Number: W95000016646

We have received your document for ATLAS TOURS THE CARIBBEAN CONNECTION, INC. and your check(s) totaling \$131.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays Document Specialist

Letter Number: 495A00038724

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;

HTLAS TOURS THE CHRIBISEUN COMPANY, CORPORATION THE 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.) 11 - 7 (FEI numbar, 1 3. _ (State or country under the law of which it is incorporated) Date of Incorporation) DERDETLA A- () (Duration: Yoar corp. will cease to exist or "perpetual") 4. 5. Dato first transacted/business in Florida. (See sections 007.1501, 607.1502, and 817.155, F.S.) 7. K17 il I SKOOKLYN Ave 1, Srlooklyn NY (Current mailing address) Purpose(s) of corporation authorized in home state or country to be carried out in the state of Eloridals 9. Name and street address of Florida registered agent: Name: 4. A. ipric Office Address: Florida.

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.

1411 (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.

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12. Nan ado	nos and addresses of officients ONLY- P. O. Box NOT a	cors and/or directors:(Stre cceptable)
		Y- P. O . Box NOT acceptable
Chairman:	KENNETH STEW	K1. YLT
Address:		T Breackless Marp. 11.
		1.0-
Vice Chai	rman:	
Director:		
Director:		
Address:		
B.OFFICERS President:	S(Street address only- P. O KENNETH STOWAR	. Box NOT acceptable)
President:	S(Street address only- P. O <u>KENNETH STOWAR</u> 1121 E 81 STREET	ST.
President: Address:	: <u>KENNETH STEWAR</u> 1121 E 81 STREET	BROOKHAN N.Y. 1123
President: Address:	KENNETH STEWAR	BROOKHAN N.Y. 1123
President: Address: Vice Presi	: <u>KENNETH STEWAR</u> 1121 E 81 STREET	BROOKHAN N.Y. 1123
President: Address: Vice Presi	: <u>KENNETH STOWAR</u> 1121 E 81 STREET	CKookky N.Y. 1173
President: Address: Vice Presi Address:	: <u>KENNETH STOWAR</u> 1121 E 81 STREET	CKookky N.Y. 1173
President: Address: Vice Presi Address: Secretary:	: <u>KENNETH STEWAR</u> 1121 E 81 STREET ident: <u>BARBARA STEU</u> 1131 E 81 STREE	CKookky N.Y. 1173
President: Address: Vice Presi Address: Secretary: Address:	<u>KENNETH STEWAR</u> 1121 E 81 STREET ident: <u>ISARISIANA STEU</u> 1131 E 81 STREE	Skooklyn N.Y. 1173
President: Address: Vice Presi Address: Secretary: Address:	<u>KENNETH STEWAR</u> 1121 E 81 STREET ident: <u>ISARISIANA STEU</u> 1131 E 81 STREE	Skooklyn N.Y. 1173
President: Address: Vice Presi Address: Secretary: Address: Treasurer: Address:	: <u>KENNETH STOWAR</u> 1121 E 81 STREET ident: <u>BARBARA STOU</u> 1121 E 81 STREE 21 E 81 STREET	Skookkar M.P. 1123
President: Address: Vice Presi Address: Secretary: Address: Treasurer: Address:	<u>KENNETH STOWAR</u> <u>121 E 81 STREET</u> ident: <u>SHRBHAKA STOU</u> <u>1171 E 81 STREE</u> <u>21 E 81 STREE</u> <u>21 E 81 STREE</u> <u>1176 E 81 STREE</u> <u>1176 E 81 STREE</u>	SKOOKKAN M.P. 1173 JART T KROOKJAN NY 1123