

BRUNTON REGISTERED AGENTS INC.  
4710 NW BOCA RATON BLVD., SUITE 101  
BOCA RATON, FLORIDA 33431

F95000004788

September 29, 1995

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madame:

**Subject: Ado Investments Limited**  
**Authorization to Transact Business in Florida**

Kindly find enclosed the Application by Foreign Corporation for Authorization to Transact Business in Florida and Certificate of Status. A check for \$70 is also enclosed to cover the filing fees.

We would be grateful if you would acknowledge receipt of this application.

Yours truly,

BRUNTON REGISTERED AGENTS INC.

  
S. L. Richard Brunton

SLRB/csb

Encl.

100001600301  
-10/04/95--01019--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

95 OCT -2 AM 8:57  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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. ADO INVESTMENTS LIMITED 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. CANADA**

(State or country under the law of which it is incorporated)

**3. N/A**

(FEI number, if applicable)

**4. 11/1/70**

(Date of Incorporation)

**5. PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

**6. 8/15/95**

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

**7. 71 BELVEDERE CIRCLE**

**MONTREAL, QUEBEC, CANADA H3Y 1G9**

(Current mailing address)

**8. PROPERTY OWNERSHIP**

(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: **BRUNTON REGISTERED AGENTS INC.**

Office Address: **4710 NW BOCA RATON BLVD., #101**

**BOCA RATON**

, Florida, **33431**

(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.**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT -2 AM 8:57

### A. DIRECTORS

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: 71 Belyvedere Circle

Address: 71 Belvedere Circle

Montreal, Quebec, H3Y 1G9

President: ADOLF ULLMAN

Montreal, Quebec, H3Y 1G9

Address: \_\_\_\_\_

Address: 71 Belvedere Circle

Montreal, Quebec, H3Y 1G9

Address: \_\_\_\_\_

13.

14.

(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
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Industry Canada Industrie Canada

Canada Business  
Corporations Act

Loi canadienne sur  
les sociétés par actions

**CERTIFICATE OF COMPLIANCE  
S.S. 263(2)**

**CERTIFICAT DE CONFORMITÉ  
S.S. 263(2)**

**ADO INVESTMENTS LIMITED**

**030199-0**

\_\_\_\_\_  
Name of corporation-Dénomination de la société

\_\_\_\_\_  
Number - Numéro

I HEREBY CERTIFY that the corporation named above is a body corporate incorporated or continued under the *Canada Business Corporations Act* and not discontinued under that Act and that it has not been dissolved and it has sent to the Director the required Annual Returns and Financial Statements.

JE CERTIFIE, par les présentes, que la société ci-dessus mentionnée est une personne morale constituée ou prorogée en vertu de la *Loi canadienne sur les sociétés par actions* et n'a pas changé de régime en vertu de cette Loi et qu'elle n'a pas été dissoute et la société a remis au directeur les rapports annuels et les états financiers dont l'envoi est requis.

*Shirley M. Collins*

Deputy Director - Directeur adjoint

July 7, 1995/le 7 juillet 1995

Date

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DIVISION OF CORPORATIONS  
95 OCT -2 AM 8:57

**Canada**

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 AUG 25 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004788 (5)**

1. Corporation Name

**JOSEPHTHAL ASSET AND FACILITIES CORP.**

Principal Place of Business

**C/O JOSEPHTHAL LYON & ROSS INCORPORATED  
200 PARK AVE., 24TH FLOOR  
NEW YORK NY 10106**

Mailing Address

**C/O JOSEPHTHAL LYON & ROSS INCORPORATED  
200 PARK AVE., 24TH FLOOR  
NEW YORK NY 10106**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**09/15/1994**

3a. Date of Last Report

4. FEI Number

**13-3781305**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added In Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST., #105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PDC  
PURJES, DAN  
200 PARK AVE., 24TH FLOOR  
NEW YORK NY 10106**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VDC  
SHEIB, PETER  
200 PARK AVE., 24TH FLOOR  
NEW YORK NY 10106**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D  
RODEN, CHARLES  
200 PARK AVE., 24TH FLOOR  
NEW YORK NY 10106**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DC  
LARKIN, SHERWOOD  
200 PARK AVE., 24TH FLOOR  
NEW YORK NY 10106**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**400001570734  
-08/28/95--01015--011  
\*\*\*\*375.00 \*\*\*\*375.00**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. (If a change of address, attach new address.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sherwood Larkin**

**5/17/95**

**222 4931831**

Date

Office Phone #

CR2E034 (3/95)