

F95000005153

TRANSMITTAL LETTER

700001615357
-10/19/95--01066--001
*****78.75 *****78.75

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: NEW AGE TECH (WORLWIDE SERVICE CENTER 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:

JEAN-GUY STAMAND
(Name of Person)

W95-20868

WORLWIDE SERVICE CENTER INC
(Firm/Company)

18090 COLLINS AVE STE-500
(Address)

SUNNY ISLE FL 33160-1912
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 23 PM 1:14

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

MIKE
(Name of Person)

at (305) 932-5008
(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 Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Name compact
p94-42624

**WORLDWIDE SERVICE CENTER INC.
DBA NEW AGE TECH**

**QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS**

**RE: QUALIFICATION & REGISTRATION OF FICTITIOUS
NAME.**

DEAR SIR/MRS,

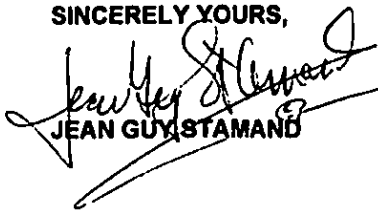
**ENCLOSED IS A TRANSMITTAL LETTER IN ORDER TO QUALIFY
OUR CORPORATION TO DO BUSINESS IN THE STATE OF FLORIDA.**

**AS INSTRUCTED, AN APPLICATION FOR REGISTRATION OF
FICTITIOUS NAME IS INCLUDED AND SHOULD BE FILE AFTER THE QUALIFICATION.**

**FEEES ARE INCLUDED FOR BOTH TRANSACTIONS AND IF ANY
QUESTION ARISE PLEASE FEEL FREE TO CONTACT THE UNDERSIGNED (REVERSE
CHARGE IF NECESSARY)**

**AN EXPRESS MAIL PREPAID RETURN ENVELOPE HAS BEEN
INCLUDED SO THAT WE RECEIVE THE NECESSARY DOCUMENTATION AND NUMBERS
AS SOON AS POSSIBLE.**

SINCERELY YOURS,


JEAN GUY STAMAND

**305-932-5008
305-932-6008 FAX.**

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 19, 1995

JEAN-GUY STAMAND
WORLDWIDE SERVICE CENTER INC.
18090 COLLINS AVE., STE. 500
SONNY ISLES, FL 33160-1912

SUBJECT: WORLDWIDE SERVICE CENTER INC.
Ref. Number: W95000020868

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We have received your document for **WORLDWIDE SERVICE CENTER INC.** and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please **RETURN ALL DOCUMENTATION** to the **ATTENTION** of the **DOCUMENT SPECIALIST** indicated.

We will hold the fictitious name application until the application for authorization is filed.

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) 487-6095.

Jennifer Sindt
Document Examiner

Letter Number: 395A0004715a

**WORLDWIDE SERVICE CENTER INC. (DEL)
18090 COLLINS AVENUE #500
SUNNY ISLES, FL33160-1912**

**FLORIDA DEPT OF STATE
ATT: MRS JENNIFER SINDT**

OCTOBER 20TH, 1995

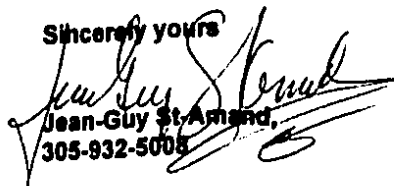
**SUBJECT: YOUR LETTER DATED OCTOBER 19TH, 1995
Ref. Number: W95000020868**

Dear Mrs Jennifer,

**I am in receipt of your letter and have enclosed a resolution stating that
Worldwide Service Center Inc (Del) is adopting the name AVENTURA BEACH SERVICE
CENTER INC. for use in Florida.**

Tank your for your speedy response in this matter,

Sincerely yours


**Jean-Guy St. Amant,
305-932-5008**

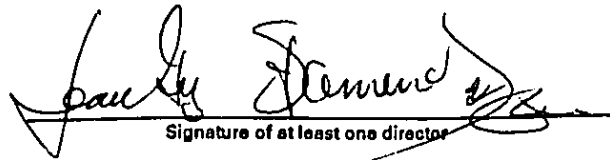
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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned JEAN-GUY STAMAND, do hereby certify that this Resolution of the Board of Directors of WORLDWIDE SERVICE CENTER INC, a corporation duly organized and existing under the laws of the State of DELAWARE, was duly adopted on OCTOBER 20, 19 95.

Resolved, that WORLDWIDE SERVICE CENTER INC, organized and existing in the State of DELAWARE, hereby adopts the name AVENTURA ^{BEACH} ~~WORLDWIDE~~ SERVICE CENTER INC for use in Florida.

Dated: 10/20/95


Signature of at least one director

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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. WORLDWIDE SERVICE CENTER 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. 65-06112448
(FEI number, if applicable)

4. 10-10-95
(Date of Incorporation)

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

6. NOVEMBER 1 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 18090 COLLINS AVENUE STE 500
SUNNY ISLES FL 33160-1912
(Current mailing address)

8. GENERAL
(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: JEAN GUY ST. AMAND.

Office Address: 18090 COLLINS AVE -

SUNNY ISLES, Florida, 33160-1912
(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.

Jean Guy St. Amand
(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. 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: JEAN GUY STAMANO

Address: 18090 COLLINS AVENUE FL 33160-1912

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____


Address: _____

Treasurer: _____

Address: _____

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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. JEAN GUY STAMANO
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

PAGE 1.

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WORLDWIDE SERVICE CENTER 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 OCTOBER, A.D. 1995.

FILED
SECRETARY OF STATE
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Edward J. Freel
Edward J. Freel, Secretary of State

2547431 8300
950231506

AUTHENTICATION: 7668515
DATE: 10-10-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 OCT -8 PH 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005153**

1. Corporation Name
AVENTURA BEACH SERVICE CENTER INC.

Principal Place of Business Mailing Address
**18090 COLLINS AVENUE, STE. 500
SUNNY ISLES FL 33180-1912**

100001870171
-10/10/96--01005--030
****383.75 ****383.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **10/23/1985**
5. FEI Number **65-0612448**
6. CERTIFICATE OF STATUS DEQUIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
0	ST. AMAND, JEAN GUY	18090 COLLINS AVENUE, STE. 500	SUNNY ISLES FL 33180
110	PELLETIER Mike	18090 COLLINS AVE STE 500	SUNNY ISLES FL 33160

REINSTATEMENT
J. Man
10-8-96

8. Name and Address of Current Registered Agent
**ST. AMAND, JEAN GUY
18090 COLLINS AVENUE
SUNNY ISLES FL 33180-1912**

9. Name and Address of New Registered Agent
Name **MICHEL PELLETIER**
Street Address (P.O. Box Number is Not Acceptable) **18090 COLLINS AVE STE 500**
Suite, Apt. #, Etc.
City **SUNNY ISLES** State **FL** Zip **33160**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent **[Signature]** Date **9/30/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No
(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **[Signature]** Date **9/30/96** Daytime Phone # **305-7050222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)