

F95000005197

TO: Qualification/Tax Lien Section
Division of Corporations

000001620130
--10/25/95--01078--002
*****78.75 *****78.75

SUBJECT: THE SAGE INSTITUTE, 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:

FRANK GUZZO
(Name of Person)
THE SAGE INSTITUTE, INC.
(Firm/Company)
2145 WEST DAVE BLVD., STE. 200
(Address)
FT. LAUDERDALE FL 33312
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 OCT 24 AM 10:36

FILED

41

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

FRANK GUZZO at (954) 583-8797
(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 Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

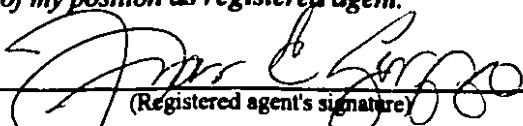
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**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. THE SAGE INSTITUTE, 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. NEVADA
(State or country under the law of which it is incorporated)
3. APPLIED FOR
(FEI number, if applicable)
4. SEPT. 21, 1994
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 2145 WEST DAVIE BLVD., STE 202
FT. LAUDERDALE, FL. 33312
(Current mailing address)
8. TRAINING & PUBLISHING
(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 acceptable)
Name: FRANK GUZZO
Office Address: 2145 W. DAVIE BLVD. STE 202
FT. LAUDERDALE, Florida, 33312
(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.

FILED
95 OCT 20 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
95 OCT 24 AM 10 36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

President: FRANK GUZZO

Address: 2145 W. DAVIE BLVD. STE 202
FT. LAUDERDALE, FL. 33312

Vice President: DRAGICA GUZZO

Address: 4604 PENHALLOW RD
MISSISSAUGA, ONTARIO L5V 1E8 CANADA

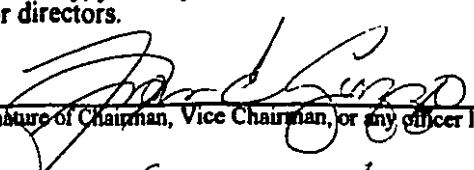
Secretary: DRAGICA GUZZO

Address: _____

Treasurer: FRANK GUZZO

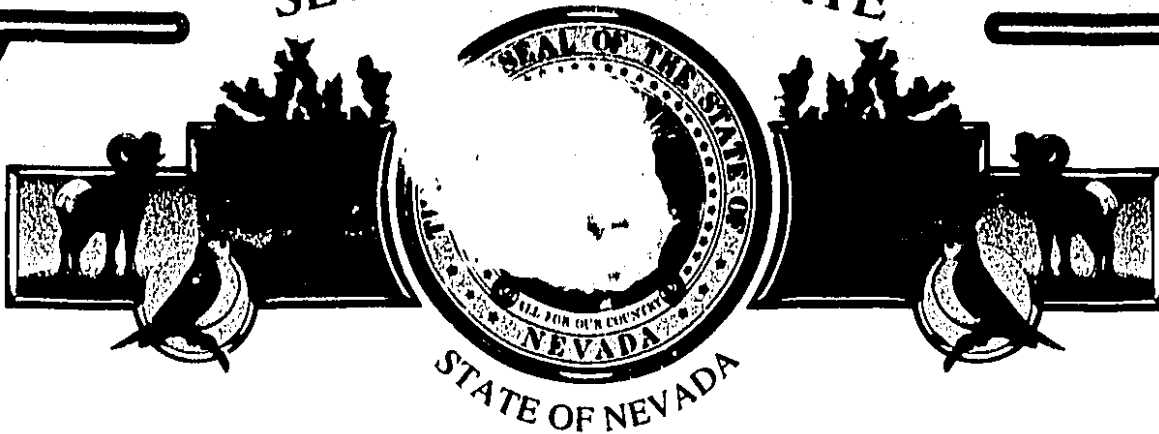
Address: _____

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

SECRETARY OF STATE



CERTIFICATE OF CORPORATE EXISTENCE (EXCLUDING AMENDMENTS)

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, **THE SAGE INSTITUTE, INC.** is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith, is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, this 11th day of October, 1995.



Dean Heller

Secretary of State

By

Lisa

Certification Clerk

FILED
95 OCT 24 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO :
DEPARTMENT OF STATE

F 95000005197

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	592.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	592.50	OTHER	4

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	60.00
12	45-20-2-130001-45300000-00-000100-00	1	70.00
12	45-20-2-130001-45300000-00-000100-00	1	78.75
12	45-20-2-130001-45300000-00-000100-00	1	383.75

GRAND TOTAL: \$ 592.50

RECEIVED

95 NOV 13 PM 2:13

Process Date: 11/01/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 15, 1995

Frank Guzzo
1769 Brookside
Largo, FL 34640

SUBJECT: THE SAGE INSTITUTE, INC.
Ref. Number: F95000005197

Debit Memo #: 61511-C

This is to inform you that your check #141 dated October 19, 1995 in the amount of \$78.75 and submitted for THE SAGE INSTITUTE, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$93.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

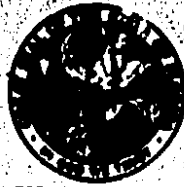
Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 295A00050691

cc: The Sage Institute, Inc.
2145 W. Davie Blvd., Suite 202
Ft. Lauderdale, Florida 33312



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 19, 1995

Frank Guzzo
1769 Brookside
Largo, FL 34640

SUBJECT: THE SAGE INSTITUTE, INC.
Ref. Number: F95000005197

Debit Memo #: 61511-C

Due to your failure to respond to our previous letter advising you of the returned check #141, the Articles of Incorporation for THE SAGE INSTITUTE, INC. have been cancelled and are considered not filed as of December 18, 1995.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 895A00054689

cc: The Sage Institute, Inc.
2145 W. Davie Blvd., Suite 202
Ft. Lauderdale, Florida 33312