received.

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

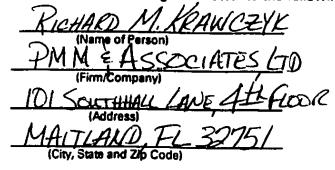
	Alternative Control of the Control o	-10/26/950 ****245.00	11045009
SUBJECT: <u>EURO CAPITAL CORP</u> (Name of corporation - must inc	ORATION Clude suffix)		(()

Dear Sir or Madam:

w95-21349

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:



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

(Name of Person) at (40) (66) -44).

Area Code & Daytime Telephone Number

95 OCT 26 PH 12: 14
SECRETARY OF STAIL
TALLAHASSEE, FLORING

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

RESOLUTION OF BOARD OF DIRECTORS

1, the undersigned RICHARD M. KRAWCZYK	do hereby certify
that this Resolution of the Board of Directors of <u>EuroCapital</u> Cort	PORATION
that this Resolution of the Board of Directors of Carolina State S	34404
a corporation duly organized and existing under the laws of the State of	<u> </u>
was duly adopted on 10-24, 19 95.	
Resolved, that EcizoCapital Colporation, org	ganized
and existing in the State of, hereby ac	dopts the
name En Ro CAPITAL INVESTMESTS, INC. for u	se in Florida.
Dated: 10-2C-95	
Signature of at least one	lirector
TALLAHASSEE, FLORID	- 95 0CT 26 PILE: 14

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.	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a report or partnership if not so contained in the name at present.)	or words (or rson
2. 4. 6.	(State or country under the law of which it is incorporated) (FEI number, if applicable) 1 24/95 5. FERETUAL (Date of Incorporation) (Duration: Year corp. will cease to exist or "pe		-
7.	(Date first transagted business in Florida. (See sections 807.1501, 807.1502, and 817.155, F.S.) P. D. Box 16266		
8.	ALTAMONTE SPRINCS FL 32716-2661 (Current mailing address)	95 O SECR	מייינט
u.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of F.	M C	<u> </u>
9.	Si Si	RY OF STA	
	Office Address: 304 LONESOME PINE De.		
	LONCWOOD, Florida, 3217	9 ode)	_
10). Registered agent's acceptance:		
reg	aving been named as registered agent and to accept service of process for the appropriation at the place designated in this application, I hereby accept the application at the place to act in this capacity. I further agree to comply with the all statutes relative to the proper and complete performance of my duties, and I ith and accept the obligations of my position as registered agent.	intmen	t as

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.

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12. Nam add	es and addresses of officers and/or ress CNLY- P. O. Box NOT acceptable)	directors: (Street
	ECTORS (Street address only- P. O . Box	× NOT acceptable)
Chairman:	SICHARD M. KRAWCZYY	
Address:	101 SOUTHHALL LANG 4	th Floor
	MAITLAND FL 32751	
Vice Chai	rman:	
Address:		
Director:		
Address: .		
-		
Director:		
Address: _		
	(Street address only- P. O. Box NOT ad	ceptable)
President:	KICHARD M. KRAWCZYK	
Address: _	101 SOUTHHALL LANE, 45	FLOSIE S
-	MAIILAND, LL 32751	HE 100 TH
	dent:	SS &
Address: _		
_		STAIL CORNE
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: LE	necessary, you may attach an addendum to ditional officers and or airectors.	O the application
listing ad	ditional officers and/or directors.	o the application
13. (Sign	ture of Chairman, Vice Chairman, or any office 12 of the application)	er listed in number
14. RIC	UNDI M. VOUINIV MILINION	7 M
	d or printed name and capacity of person significant	ng application)



CORPORATE CHARTER

I, DEAN HELLER, Secretary of State of the State of Nevada, do hereby certify that EUROCAPITAL CORPORATION did on the TWENTY-FOURTH day of JANUARY, 1995 file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this TWENTY-FOURTH day of JANUARY, 1995.



Dear Helle

Secretary of State

By Cebarat g

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