

F9500005282

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

TELEPHONE 1-800-352-1234
FAX 1-800-352-1234
*****701,100 *****701,100

SUBJECT: TOWER OVERSEAS METE, LTD.
(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:

TOM LATOUR
(Name of Person)

TOWER OVERSEAS METE, LTD.
(Firm/Company)

3834 MURFIELD CT
(Address)

PALM HARBOR, FL. 34685
(City/State/Zip)

95-10452

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

TOM LATOUR at (813) 787-0703
(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:

TOWER OVERSEAS MARKETING, LTD. CO.

1. _____
(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. 54-3335169
(FBI number, if applicable)

4. 9-15-95
(Date of Incorporation)

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

6. NOE NOT TRANSACTED BUSINESS YET
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 3834 MURFIELD CT.

PALM HARBOR, FL 34685
(Current mailing address)

8. REPRESENTS FOREIGN MANUFACTURERS DIRECT TO RETAIL EXPORT
(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)

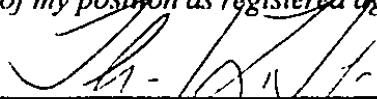
Name: THOMAS J. LATOUR, JR.

Office Address: 3834 MURFIELD CT.

PALM HARBOR, Florida, 34685
(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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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: _____

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

President: THOMAS J. LATOUR, JR.

Address: 3834 MORFIELD CT.

PALM HARBOR FL 34685

Vice President: _____

Address: _____

Secretary: THOMAS J. LATOUR, JR.

Address: 3834 MORFIELD CT.

PALM HARBOR, FL. 34685

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. THOMAS J. LATOUR, JR. - PRES.
(Typed or printed name and capacity of person signing application)

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DIVISION OF REGISTRATION
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[illegible]

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DIVISION OF CONSTITUTIONAL AFFAIRS
95 OCT 30 AM 9:47



Edw. Hunt

Edward J. Friel, Secretary of State

AUTHENTICATION

DATE _____