## F 95000005366

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: SEVEN SEAS TOAVEL TWO (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:

| STEPHEN D. PORTER                     |             |
|---------------------------------------|-------------|
| (Name of Person)                      | <del></del> |
| SEVEN SEAS TRAVEL, THC.               | 1/6         |
| (Firm/Company)                        |             |
| P. O Box 398179 (Address)             | 11/2        |
| (Address)                             | <u></u>     |
| MIAHI BEACH FL 33237 (City State/Zip) |             |

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

STEPHEN D. PORTER at (305) 577-0101
(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

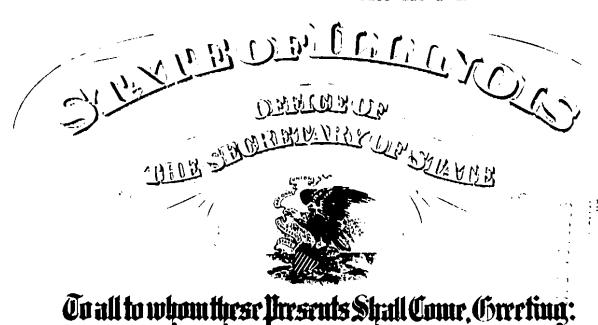
IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. SEVEN SEAS TRAVE  (Name of corporation: must include the word "INCORPORA abbreviations of like import in language as will clearly indica person or partnership if not so contained in the name at present  |   |
|---|---|
| 2. TLL 1 NO 15 (State or country under the law of which it is incorporated)   |   |
| <ul> <li>4. Nev. 1, 1978 (Date of Incorporation)</li> <li>6. Net YET (Date first transacted business in Florida. (SEE SECTIONS)</li> </ul>  | 5. PEPPETUAL (Duration: Year corp. will cease to exist or "perpetual")  |
| 7. P.O. PXX 398179  |   |
| 8. WHOLESALE & IN REPAIL SALE OF (Purpose(s) of corporation authorized in home state or country Florida)  9. Name and street address of Florida registered acceptable)  Name: Alon Echan Language   | TRAVEL: Fairs, Cruses, losels, airline, to be carried out in the state of agent: (P.O. Box or Mail Drop Box NOT |
| Office Address: 14k. 1 LETT 114CET  YELLUX 10. Registered agent's acceptance:   | <del></del>   |
| Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I fall statutes relative to the proper and complete performand accept the obligations of my position as registered (Registered agent) | further agree to comply with the provisions of rmance of my duties, and I am familiar with ed agent.            |

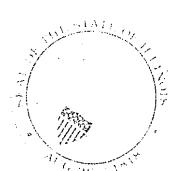
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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) Address: Vice Chairman: hove Address: \_ Director: 300 alove Director: Address: \_\_\_\_\_ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: MANQ Address: \_ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

File Number 5159-123-2\_



A. George M. Ryan, Decretary of State of the State of Allinois.



In Costimony Whereof, I hereta set

my hour and cause to be affect the Great Seal of

the State of Allunia this

11TH

day of

OCTOBER

19 19 95

George H Ryan