

F95000005569

TO Qualification/Tax Lien Section
Division of Corporations

SUBJECT: FVO NEW PARTNERS 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:

JANE GOODMAN CPA
(Name of Person)

FVO NEW PARTNERS INC
(Firm/Company)

504 PARK AVENUE SOUTH - 10th FLOOR
(Address)

NEW YORK NY 10010-5312
(City/State/Zip)

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

JANE S. DUNN at (914) 231-1111
(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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 11, 1995

JANET GOODMAN, CPA
P.V.D. AND PARTNERS, INC.
304 PARK AVE S 10TH FLOOR
NEW YORK, NY 10010-5312

SUBJECT: P.V.D. AND PARTNERS, INC.
Ref. Number: W95000020236

We have received your document for P.V.D. AND PARTNERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 695A00045987

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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. P.V.D. AND PARTNERS, 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. NEW YORK
(State or country under the law of which it is incorporated)
3. 13-5457365
(FEI number, if applicable)
4. JANUARY 1, 1993
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 2, 1995
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 304 PARK AVENUE SOUTH - 10TH FLOOR
NEW YORK NY 10010-5312
(Current mailing address)
8. MARKETING & COMMUNICATIONS
(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: PETER DECRESCENTE
Office Address: 2925 MEADOW LANE
IRVING LINDBERG, Florida, 33532
(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.

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: PETER V. DECRESCENZO
Address: 3425 MEADOW LANE, FORT LAUDERDALE, FL 33332

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

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

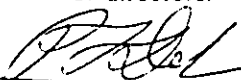
President: PETER V. DECRESCENZO
Address: 3425 MEADOW LANE
FORT LAUDERDALE, FL 33332

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
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. PETER V. DECRESCENZO PRESIDENT
(Typed or printed name and capacity of person signing application)

State of New York
Department of State

ss:

I hereby certify, that the certificate of incorporation of P.V.D. AND PARTNERS, INC. was filed on 10/20/1993, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation

...

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of August
one thousand nine hundred and
ninety-five.

Alexander F. Treachwell

Secretary of State

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