

F^{CT} 95000005593

November 13, 1995

Dear Sir/Madam:

RE: TRIAGREX TRIMED, INC.
Order # 407765

Pursuant to instructions of counsel, we enclose for filing on behalf of the above corporation documents identified below:

<input type="checkbox"/> Incorporation	<input checked="" type="checkbox"/> Qualification	<input type="checkbox"/> Withdrawal
<input type="checkbox"/> Amendment:	<input type="checkbox"/> Merger:	<input type="checkbox"/> Change of Agent/Office:
<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic	<input type="checkbox"/> Domestic
<input type="checkbox"/> Foreign	<input type="checkbox"/> Foreign	<input type="checkbox"/> Foreign
<input type="checkbox"/> Dissolution		<input type="checkbox"/> Other:
<input type="checkbox"/> Statement of Intent		
<input type="checkbox"/> Certificate of Dissolution		

Check in payment of the required fee is enclosed. Kindly return evidence of the filing to the undersigned. If there are any problems, please call us at the following number: (810) 646-9033.

Very truly yours,



Michael R. Dalida
Customer Specialist

Enc.

Secretary of State
Corporate Records Bureau
Division of Corporation
409 E Gaines St
Tallahassee FL 32399

400001636514
-11/15/95--01035--005
*****70.00 *****70.00

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1603, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Triagrex, 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. Delaware
(State or country under the law of which it is incorporated)
3. 38-3247751
(FEI number, if applicable)
4. 7/11/95
(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 607.1601, 607.1607 and 817.166, F.S.))
7. 1014 South Beacon Blvd.
Grand Haven, Michigan 49417
(Current mailing address)
8. Purchase and sale of pharmaceutical products (non retail)
(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:
Name: C.T. CORPORATION SYSTEM
Office Address: c/o C.T. Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)
10. Registered agent 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.

C.T. CORPORATION SYSTEM

[Signature]
(Registered agent's signature) (Officer)

SEAN J. LEE
(Type Name and Title of Officer)

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:

A. DIRECTORS

Chairman: Martin Levin

Address: 1014 South Beacon Blvd.

Grand Haven, Michigan 49417

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Martin Levin

Address: 1014 South Beacon Blvd

Grand Haven, Michigan 49417

Vice President: Jeff Abrams

Address: 1014 South Beacon Blvd.

Grand Haven, Michigan 49417

Secretary: Martin Levin

Address: 1014 South Beacon Blvd.

Grand Haven, Michigan 49417

Treasurer: Martin Levin

Address: 1014 South Beacon Blvd.

Grand Haven, Michigan 49417

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

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

14. Jeff Abrams, Vice President
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIAGREX TRIMED, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF NOVEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel
Edward J. Freel, Secretary of State

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NOT RECORDED

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11-09-95