00005986 TRANSMITTAL LETTER

Division of Corporations PABC of the AMERICAS, INC. 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: ADAM ROKICKI 4C1218 B PABC of the Americas Inc = P.O. Box 770728

(Address) CORAL SPRINGS FL, 33077
(City/State/Zip)
1N95-19309 Should you need to call someone concerning this matter, please call: M POKICKI
(Name of Person)

at (305,753-8270)
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section

TO:

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 Taliahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 26, 1995

ADAM ROKICKI PABC OF THE AMERICAS, INC. PO BOX 770728 CORAL SPRINGS, FL 33077

SUBJECT: PABC OF THE AMERICAS, INC.

Ref. Number: W95000019309

We have received your document for PABC OF THE AMERICAS, 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 certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please note that we are returning the certificate of incorporation you submitted, as it is different from the certificate we require.

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) 487-6958.

Lee Rivers Document Examiner

Letter Number: 295A00043977



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Octobor 31, 1995

ADAM ROKICKI PABC OF THE AMERICAS, INC. PO BOX 770728 CORAL SPRINGS, FL 33077

SUBJECT: PABC OF THE AMERICAS, INC.

Ref. Number: W95000019309

We have received your document for PABC OF THE AMERICAS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

We are returning the certified copy of the certificate of incorporation which you submitted, as it is different from the certificate we require. The certificate we require is not a copy of any other document; it is a statement from the Secretary of State of Delaware that the corporation is active and in good standing. The certificate itself looks very similar to the certification page of the copy we are returning to you, but it has no other document or photocopies attached to it.

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) 487-6958.

Lee Rivers Document Examiner

Letter Number: 495A00048665

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:

i.	PABC of the AMERICAS, INC		
	(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 natural person or partnership if not so contained in the name at present.)	⊩r Word	n or
2.	DPLAWARE State or country under the law of which it is incorporated) 3. apply for (FEI number, if applicable)	:)	
4.	QUNE 28, 1995 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or	ļ	143
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	perpe	nuai')
	P.O. Box 770728		
	CORAL SPRINGS, FL, 33 (Current mailing address)	0	77
	(Current mailing address)		
8. CONSULTING AND TRADE (I urpose(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 acceptable)	NOT	. <u></u>
	Name: ADAM ROKICKI	35 DEC	SECRE
Off	ice Address: 6991 NW 82 Ave #1	8	TARY OF CO
	M/4M/ , Florida , 33/66	80 : II HA	REPORTA TAROPERATE
10.	Registered agent's acceptance: (Zip Code)	80	SKOL
Hav corp regi all s and	ving been named as registered agent and to accept service of process for the above state poration at the place designated in this application, I hereby accept the appointment a istered agent and agree to act in this capacity. I further agree to comply with the provistatutes relative to the proper and complete performance of my duties, and I am familial accept the obligations of my position as registered agent.	ted s isions ar wit	of h

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:_____ Address: _____ Director: _____ Address: Director: ____ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: _____ Vice President: Address: _____ Secretary: _____ Address: Treasurer: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ADAM ROKICKI
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 13. ___ TRESIDENT
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, LDWARD J. EREEL, SECRETARY OF STATE OF THE STATE OF DELAWARD, DO HEREBY CERTIFY TOUGH OF THE AMERICAS, INC.* IS DOLY INCORPORATED UNDER THE EARS OF THE STATE OF DELAWARD AND IS IN GOOD STANDING AND HAS A LIGHT CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 1995.

CE DEC -8 AM II: 08



Edward J. Freel, Secretary of State

AUTHENTICATION.

11 - 29 - 95 DATE

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