E (IS) (CC) SHA (O) (AN P.A.Z. 3 (IN P.A.Z.

TELEPHONE (305) 462 - 3300 PROM MIAMI (305) 947-1052 FACBIMILE (305) 763-2439 BOCA RATON OFFICE

40 BOUTHEAST FIFTH STREET

BUITE 40S

BOCA RATON, FLORIDA 33438-8080

TELEPHONE (407) 391-8898 FACBINILE (407) 391-9944

December 19, 1995

VIA: FEDERAL EXPRESS

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

300001668153 -12/21/95--01083--004 *****70.00

Re: Advanced Nutritional Research, Inc.

To Whom It May Concern:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida, along with a certificate of existence. Also enclosed please find our check in the amount of \$70.00 to cover the cost of such filing.

If you have any questions regarding the enclosed documents, please do not hesitate to contact the undersigned.

Yours very truly,

Debra H. Chrystie Corporate Paralegal

/dhc Enclosures

SOEC 22 AH 10: 29

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:

| 6 | NEVADA | · · · · · · · · · · · · · · · · · · · | | 3 . | 93-1134386 | 95 PEC | HOSTA |
|---------|--------------------------------------|---------------------------------------|---------------------|------------|--|-------------------|----------|
| اد - | 12/27/93 (Date of incorporation) | wof which it | _ 5. | P | (FEI number, if applicable) ERPETUAL | | - COR |
| ō | January 1. | 1995 | | | Year corp. will cease to exist 01, 607.1502, and 817.155, F. | # | NOTIONS |
| - | 5521 N. MILITARY BOCA RATON, FLOR | TRAIL, | APT. #11 | 03 | | ' ; | <u>~</u> |
| | | Current mailir | | | | | |
| | NUTRITIONAL & HE | RBAL RES | EARCH | | | | |
| (| Purpose(s) of corporation | suthorized in | home state o | r count | ry to be carried out in the stat | of Flori | de) |
| 1 | Name and street add | ress of Fid | orid a regis | tered : | egent: | | |
| | | | BRALY, M | | | | |
| | Office Address: | 5521 N | . MILITA | RY TR | AIL, #1103 | | |
| | _ | BOCA R | ATON | | Elozida | 33496 | |
| | | " | N TON | | | 33496 Lip Code | |

10. Registered agent's acceptance:

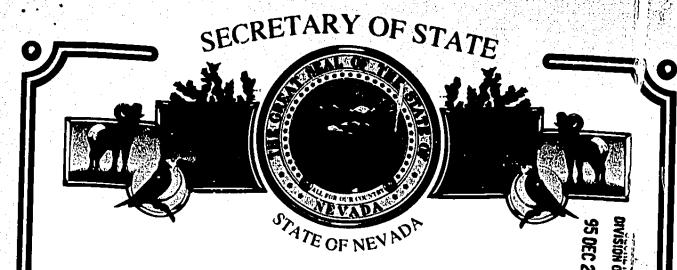
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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:

| and of a supplied that the contract of the con | |
|--|-----------------------------|
| A. DIRECTORS | |
| Chairman: | |
| Address: | - |
| | |
| Vice Chairman: | |
| Address: | |
| | |
| Director:JAMES_RRALY_ M.D. | |
| Address: 5521 N. MILITARY TRAIL, #1103 | |
| BOCA RATON, FLORIDA 33496 | |
| Director: | _ |
| Address: | - |
| | |
| B. OFFICERS | • · |
| President: JAMES BRALY, M.D. | • |
| Address: 5521 N. MILITARY TRAIL, #1103 | - |
| BOCA RATON, FLORIDA 33496 | - |
| Vice President: | _ |
| Address: | - |
| •••••••••••••••••••••••••••••••••••••• | - |
| Secretary: JAMES BRALY, M.D. | - |
| Address: 5521 N. MILITARY TRAIL, #1103 | • |
| BOCA RATON, FLORIDA 33496 | • |
| Treasurer: JAMES BRALY, M.D. | • |
| Address: 5521 N. MILITARY TRAIL, #1103 | • |
| BOCA RATON FLORIDA 33406 | |
| NOTE: If necessary, you may attach an addendum to the application list | ing additional essentiation |
| 5,000,000 | and additional outcets |
| 13. (Signature of Chairman, Vice Chairman, or any over a live discount of the control of the con | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applic | ation) |
| 14. JAMES BRALY, M.D., PRESIDENT | |
| (Typed or printed name and capacity of person signing application) | |



CERTIFICATE OF CORPORATE EXISTENCE (EXCLUDING AMENDMENTS)

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their night to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, ADVANCED NUTRITIONAL RESEARCH, INC. is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith, is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

Mr. dur

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 14th day of December, 1995.

Secretary of State

Ву

Certification Clerk