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COURIER ADDRESS:

(Name of Person)

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Area Code & Daytime Telephone Number

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandru B. Mortham Secretary of State

December 19, 1995

JUAN M. AGUAS % T.C. BABIES, INC. 6621 KRISTINE CT. ORLANDO, FL 32818

SUBJECT: T.C. BABIES, INC. Ref. Number: W95000024621

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We have received your document for T.C. BABIES, 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):

We have received the information concerning a certificate of status, but it is not exactly what we require. I have enclosed a copy of a certificate from the state of Arkansas for your convienence. We would need a certificate in this form to complete filling.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 995A00054650

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:

BIAIL OF FROMOM
(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. ARXANGAG (State or country under the law of which it is incorporated) 3. 11-072<72 (FEI number, if applicable)
4. (Date of Incorporation) 5. (Duration: Year corp., will cease to exist or "perpetual")
6. (Date first transacted business in Florida. (See Sections 607.1501, 607.1502, AND 817.155, F.S.)
7
(Current mailing address) 8. \(\lambda \tau \tau \lambda \lambda \tau \tau \tau \tau \tau \tau \tau \ta
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: WARIO FORS
Office Address: 6021 YRISAIN C
ORIANDO, Florida, 32818
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

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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: JURN MARIO MONAS
Address: 601 Krichia (7 - ORIANDO, 41 328)3
Vice Chairman: 1015 AGUAS
Address: 6621 KRISKIN CK, 12/1920, (132818
Director: MARIA CARISTINA DE AGUAS
Address: 6621 KRIGHIN CX. DRINNO 14 32818
Director:
T Sign
Address:
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: JONA MARIO 160AS
Address: 6621 KRISKIN OK DELANDO (1 328788
Vice President: 1015 AGURS Address: 6621 KRISAIN CX DRIANDO, (1.32818
Secretary: MARIA PRICTION DE AGURS.
Address: (662) XRICKIN CX. DRIANDO, (1.32818
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13
4. A) NO WARIO HOURS - RESIDENT (Typed or printed name and capacity of person signing application)



State of Arkansas SECRETARY OF STATE

OF A DOMESTIC CORPORATION

FILED
SECRETARY OF STATE
DIVISIGN OF CORPORATIONS
OF MARKET AND STATE
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I, Sharon Priest, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

Т	.C. BABIES, INC.	
a corporation chartered under the I	laws of the State of	ARKANSAS ,
filed Articles of Incorporation	SEPTEMBER 18, 1992	
I further certify that as far as the tered and in good standing, having poration in this State.		•
In Testimony Whereof, I have 4THday of	hereunto set my hand	
	Sharon	Priest
	by: David	Sharon Priest, Secretary of State
	• · · · · · · · · · · · · · · · · · · ·	Corporations Division
	DAVID MORROW	

C-2/Rev 10-1-88