-9600000147

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT: JACK BENKIN ENTER	Mises Inc.
(Name of corporation - must include	e suffix)
Dear Sir or Madam:	W96 - 2825
The enclosed "Application by Foreign Corporation Florida", "Certificate of Existence", and check are	n for Authorization to Transact Business in

foreign corporation to transact business in Florida.

BRUCE A. DUDZIC CPA	
(Name of Person)	200001709242
GOCIAL AND CO	-02/07/9601054001
(Firm/Company)	****131.25 ****131.25
Fox Pavilow Sike Jug	
(Address)	
Trukinton Po 19046	
(City, State and Zip Code)	12-
	V. — ,

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

Brue A. DIDERC	at (215) 572 - 7790 .
(Name of Person)	Area Code & Daytime Telephone Number

Please return all correspondence concerning this matter to the following:

9242

COURIER ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 7, 1996

BRUCE A. DUDZIC CPA GOCIAL AND CO. FOX PAVILION SUITE 529 JENKINTOWN, PA 19046

SUBJECT: JACK BENKIN ENTERPRISES, INC.

Ref. Number: W96000002825

We have received your document for JACK BENKIN ENTERPRISES, INC. and your check(s) totaling \$131.25. However, the document has not been filed and is being retained in this office for the following:

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 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: 596A00005357

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:

· TALK RENKIN ENTERPRISES. IN
1. TACK BENKIN ENTERPOISES TWO (Name of corporation: must include the word "INCORI"ORATIED", "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 TERSEY (State or country under the law of which it is incorporated) 3. 22 - 23 263 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. (Date of Incorporation) 5. (Duration: Year cosp. will cease to exist or "penystual")
6. November 1 1995 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.)
7. 1815 Stonehaven BRIVE
Boynton BEACH FL 33436 (Current mailing address)
(Current mailing address)
8. Sales Representation (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: Jack Benkin
Office Address: 1815 Stonehoven An.
Boynton, Florida, 33436 (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: Tack Benkin	_
Address: 1815 Storehaver De. Boynton Beach FL	_ 33 Y3L
Vice Chairman: Susaw BENKIN	_
Address: 1815 Storehaven An. Boynton BEACH FL	_35 Y3L
Director: Jack BELLIN	- -
Address: 1815 Sinnehour Dr. By NHON BEACH FL 3.	<u> </u>
Director: SUSAN BENKIN	<i>-</i> -
Address: 1815 Stoneharen Dr. Bounton BEACL FL 33436	-
B. OFFICERS (Street address only-P. O. Box NOT acceptable)	_
President: Tack BENKIN	
Address: 1815 Andehana Dr.	-
BOYNDON BEACL FL 33 436	_
Vice President: SUSAN BENKIN	-
Address: 1815 Storeligner An	-
Byston Beach PL 33431	_
Secretary:	-
Address: BIS Stonehouse Dr.	_
Boynton BEACL FL 33436	_
Treasurer: SUSAN BENKIN	_
Address: 1815 Storahmen De Boyerta Brack F	Z 33431
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. JACK BENKIN	_
(Typed or printed name and capacity of person signing application)	

DIVISION OF CONFORMITORS

96 MAR 22 AN 10: 20

NEW JERSEY SECRETARY OF STATE

JACK BENKIN ENTERPRISES, INC.

I, THE SECRETARY OF STATE OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY THAT THE RECORDS OF THIS OFFICE SHOW THAT THE CHARTER/AUTHORITY OF THE ABOVE-NAMED NJ BUSINESS WAS FILED IN THIS OFFICE ON NOV. 25,1900.

I FURTHER CERTIFY, THAT SO FAR AS THE RECORDS OF THIS OFFICE SHOW, SAID BUSINESS HAS NOT BEEN DISSOLVED, CANCELLED, OR WITHDRAWN, NOR HAS ITS CHARTER/AUTHORITY BEEN VOIDED/REVOKED FOR NON-PAYMENT OF STATE TAXES BY PROCLAMATION. IT NOW CONTINUES TO MAINTAIN ACTIVE STATUS WITHIN THE STATE OF NEW JERSEY. AT THE TIME OF THE ISSUANCE OF THIS CERTIFICATE, ANNUAL REPORTS ARE OUTSTANDING FOR 95,94.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

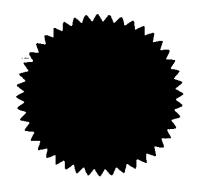
3430 ATLANTIC AVE

ATLANTIC CITY

NJ 08401

AND THE REGISTERED AGENT IS LLOYD P. EISEN.

MAR. 04,1996



Crome R. Hooly