F96000001973

TO: Qualification/Ta						
SUBJECT: A &	A Securities, (Name of corpora	Inc. atlon - must include	suffix)			
Dear Sir or Madam:						
The enclosed "Applicat Florida", "Certificate of foreign corporation to t	ion by Foreign Corpor 'Existence", and check ransact business in Flo	ration for Autho k are submitted orida.	rization to to register	Transact Business the above reference	in ed	
Please return all corresp	ondence concerning t	his matter to th	e following	3 :		
	Steven Gr	ams			96 NPR	SECA
		me of Person)			R 19	REAL PROPERTY.
	Overseas	Investment	Corp.		PH	LED RY OF STAT CORPORAT
	(Fin	m/Company)			J: 56	TATE
·	20533 Bis	cayne Blvd	., Suite	e 4230	•	<i>:</i> ;;
	((Address)		<u>-</u>	4	ntr
	Aventura	FL 33180				
	(Cit	ty/Statc/Zip)		8000001 -04/22/960 *****70.00	01042	003
Should you need to call	someone concerning t	this matter, plea	se call:			
Steven	Grams	at	407	279-2955		
(Name of I	^o erson)			Daytime Telephone No	ımber)	

COURIER ADDRESS:

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 Tallahassee, FL 32314

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:

1.	Λ & Λ Securities, Inc.						
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" 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.)	Words (r				
2.	State of Delaware 3. 65-0650581						
((State or country under the law of which it is incorporated) 3. 65-0650581 (FEI number, if applicable)					
4.	February 28, 1985 Superpetual"						
	(Date of Incorporation) 5. "perpetual" (Duration: Year corp. will cease to exist or "perpetual")						
6.	Upon Qualification	f. o. fro	/				
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	95	Sind				
7.	7491 N. Federal Hwy., Suite 197	APR	Sign				
	Boca Raton, FL 33487	9	ARY LI				
		72	※유				
	(Current mailing address)		TS G				
		CI	益益				
	Wish to do business in Florida	ζ)	3				
((Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)						
У.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box) acceptable) Name: Steven Grams	TON					
Off	fice Address: 701 "L" Ave. #104						
10.	Delray Beach , Florida , 33483 (Zip Code)						
reg all and	rying 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 as sistered 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 familied accept the obligations of my position as registered agent. (Registered agent's signature) 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	s isions o ir with	of				
	official having custody of corporate records in the jurisdiction under the law of which it incorporated.	is					

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: Address: Vice Chairman: Address: Director: Joneph Winters Address: c/o American Business Group, Inc.
Moenckebergstrasse 17 20095 Hambura Germany Director: __ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Steven Grams President: 701 "L" Ave. #104 Address: Delray Beach, FL 33483 Vice President: Address: ______ Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. ____ vice chairman, or any officer listed in number 12 of the application) 14. <u>Steven Grams. President</u>
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A & A SECURITIES, 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 TWENTY-SECOND DAY OF MARCH, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

7878339

DATE:

03-22-96

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