

F96000002427

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: ALFONSO ASSOCIATES, INC.
(Name of corporation - must include suffix)

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:

MR. ROBERT N. PELIER c/o/ Cessie Alfonso
(Name of Person)

LAW OFFICES OF ALVAREZ & PELIER
(Firm/Company)

350 SEVILLA AVENUE, SUITE 201
(Address)

CORAL GABLES, FLORIDA 33134
(City/State/Zip)

888801802788
-05/01/96--01024--022
*****70.00 *****70.00

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

ROBERT N. PELIER
(Name of Person)

at (305) 529-9199
(Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 15 AM 10:07

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

per Mr. Pelier
to add suffix to
adopted.
end of name

mta



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 7, 1996

ROBERT N. PELIER
% ALVAREZ & PELIER
350 SEVILLA AVENUE, SUITE 201
CORAL GABLES, FL 33134

SUBJECT: ALFONSO ASSOCIATES, INC.
Ref. Number: W96000005074

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DIVISION OF CORPORATIONS
96 MAY 15 AM 10:07

We have received your document for **ALFONSO ASSOCIATES, INC.** . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$70.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

When you are required to file a resolution you would need to select a alternate name. On your resolution you have indicated the exact name of the unavailable name.

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 096A00010231



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 1, 1996

ROBERT N. PELIER
% ALVAREZ & PELIER
350 SEVILLA AVENUE, SUITE 201
CORAL GABLES, FL 33134

SUBJECT: ALFONSO ASSOCIATES, INC.
Ref. Number: W96000005074

We have received your document for ALFONSO ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

By adding Florida to a corporate name is not a distinguishing difference, please adopt and alternate name and add a corporate suffix.

A photocopy of the certificate of existence is not acceptable.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 196A00020882

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RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Cessie Alfonso, do hereby certify
that this Resolution of the Board of Directors of Alfonso Associates,
a corporation duly organized and existing under the laws of the State of New Jersey,
was duly adopted on 2/17, 19 89.

Resolved, that Alfonso Associates, organization
and existing in the State of New Jersey, hereby adopts
name Alfonso Associates, N.J. Inc. for use in Florida.

Dated: 1/25/96

Cessie Alfonso
Signature of at least one director

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DIVISION OF CORPORATIONS
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**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. ALFONSO ASSOCIATES, INC.
(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. NEW JERSEY
(State or country under the law of which it is incorporated)
3. _____
(FBI number, if applicable)
4. FEBRUARY 17, 1989
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. Not yet in operation
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 123 Franklin Street, Jersey City, N.J. 07307
(Current mailing address)
8. Social Counseling and Psychological Evaluations.
(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: Robert N. Pelier, Esq.
Office Address: 350 Sevilla Avenue, Ste. 201
Coral Gables, Florida, 33134
(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.

[Signature]
(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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 15 AM 10:07

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: CECELIA ALFONSO

Address: 123 Franklin Street, Jersey City, N.J. 07307

Vice Chairman: Same as Above

Address: _____

Director: Donna Morales

Address: 123 Franklin Street, Jersey City, N.J. 07307

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: CECELIA ALFONSO

Address: 123 Franklin Street, Jersey City, N.J. 07307

Vice President: NONE ELECTED

Address: _____

Secretary: JEFF HITCHCOCK

Address: 123 Franklin Street, Jersey City, N.J. 07307

Treasurer: CECELIA ALFONSO

Address: 123 Franklin street, Jersey City, N.J. 07307

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X Cecilia Cessie Alfonso
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CECILIA CESSIE ALFONSO President Alfonso Associates
(Typed or printed name and capacity of person signing application)

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NEW JERSEY SECRETARY OF STATE

ALFONSO ASSOCIATES, 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 FEB. 17, 1989.

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 CURRENT.

I FURTHER CERTIFY THAT THE LOCATION OF THE REGISTERED OFFICE IS

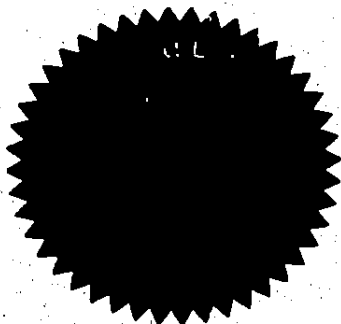
123 FRANKLIN ST.

JERSEY CITY

NJ 07307

AND THE REGISTERED AGENT IS CECILIA ALFONSO.

MAR. 07, 1996



Conna R. Hooty