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TRANSMITTAL LETTER

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TO: Qualification/Tax Lien Section
Division of Corporations

-05/13/96--01063--010
*****78.75 *****78.75

SUBJECT: FLORIDA COMPLEMENTARY HEALTH 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:

Rev. Jody Rows-Staley
(Name of Person)

HOLISTIC HEALING & Education Center
(Firm/Company)

40 3521 Vista Court. Coconut Grove
(Address)

Miami FLA 33133
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAY 13 AM 9:22

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

DALE BROOKS
(Name of Person)

at 305, 285 0003
(Area Code & Daytime Telephone Number)

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. FLORIDA COMPLIMENTARY HEALTH 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. DE 3. _____
(State or country under the law of which it is incorporated) (PEI number, if applicable)

4. MARCH 6" 1996 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 1st 1996 or before if possible
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.133, F.S.))

7. c/o 3521 VISTA COURT, BOCA RATON
GROUP, MIAMI, FL 33133
(Current mailing address)

8. HOLISTIC HEALING / EDUCATION
(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 acceptable)

Name: JULIA CHASTINET

Office Address: Suite 2C 175 SE 25 Rd.

Miami, Florida, 33129
(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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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: JODY ROWE-STALEY
Address: 3734 MATHEWSON AVE, MIAMI, FLA 33133

Vice Chairman: JULIA CHASTINSE
Address: 3521 VISTA CT
MIAMI FLA.

Director: _____
Address: _____

Director: _____
Address: _____

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

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

13. Jody Rowe Staley
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JODY ROWE-STALEY - CHAIRMAN
(Typed or printed name and capacity of person signing application)

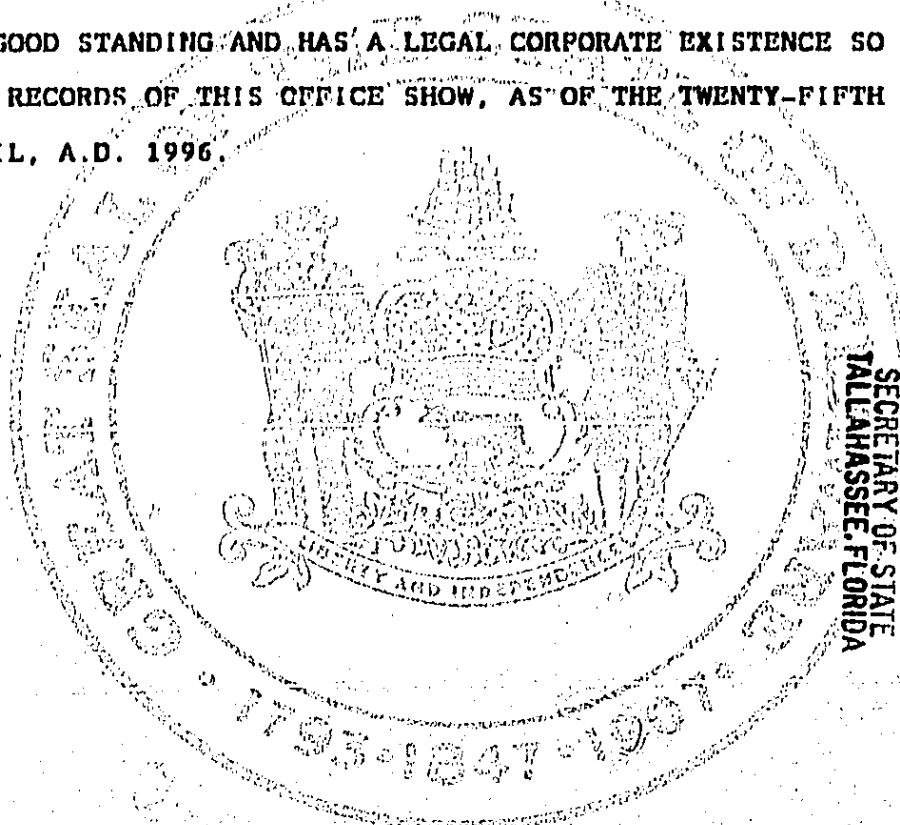
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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA COMPLIMENTARY HEALTH 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-FIFTH DAY OF APRIL, A.D. 1996.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAY 13 AM 9:22

FILED



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7921582

DATE: 04-25-96