F16000002560

TO: Qualification/Tax Lien Section

200001854252 -05/22/96--01036--001 *****78.75 *****79.75

Division of Corporations

(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:

PEGGY S. PACOLS

(Name of Person)

FIAIR INTERNATIONAL INC.

(Firm/Company)

18304 Mulf Bluch. PH #4

(Address)

RedINSTON Shares F/ 33708

(City/State/Zip)

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

Peggy J. JACOBS

(Name of Person)

at (8/3) 344-4674 (Area Code & Daytimo 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:

(Name of corporati	N TEC NATION AND INC. must include the word "INC import in language as will clear in if not so contained in the name of the contained in the manual includes the contained in the case of the case of the contained in the case of	CORPORATED", "CO! arly indicate that it is a	MPANY","Corporation	ORPORATION instead of a natural	l ^k or words or ral	-
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2. (State or country under	RE r the law of which it is incorpor	7 (<u>7</u> (7	<i>3 -6/2</i> (FEL 1	umber, il applic	able)	
197	/	5. (Duration:	1500	x+40	/	
4. (Date of In		(Duration:	Year corp. v	vill cease to exist	or perpetual	*)
6. <u>Gliffl</u> (Date first trans	octed business in Florida. (SEE)	SECTIONS 607.1501, 60	7,1502, ANI	0817.155, F.S.)		
7. 6901 3	zNel AVE N.	SPACE		14ROL	1E 291	LAR
st RL	sburg Fl.	7 7 7/A		•		
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8. Purpose(s) of corpor Florida) 9. Name and street	ROYAL OR OUA CONTROL OF A CONTR	The mailing address of the supply of the sup				CERTY COTHE
8. Cure made of Corpor Florida) 9. Name and street acceptable)	RATAI / OR ON A CONTROL OF A CO	or country to be carried istered agent: (P.			ox NOT	SECRET
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8. Care and stree acceptable) Name:	Reyal / GR - WA REYAL / GR - GR	int mailing address of the survival of the survival of the survival of the carried stered agent: (P. 1865)	O. Box or	Mail Drop B	NOT NOT PROPERTY 22	SECRETARY OF STATE
Purpose(s) of corpor Florida) 9. Name and stree acceptable) Name:	Address of Florida regilation authorized in home state of the state of	int mailing address of the survival of the survival of the survival of the carried stered agent: (P. 1865)	O. Box or	Mail Drop B	ox NOT	SECRETARY OF STATE
9. Name and stree acceptable) Name:	Address of Florida regilation authorized in home state of the state of	int malling address of the surface o	O. Box or da, Zip Co	Mail Drop B	ON SHAY 22 PH 12: 12	SECRETARY OF STATE

(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) Address: 18304 HULF Blod PH-4 REdin ston Thoras F1 33108 Vice Chairman: Address: _ Director: _____ Address: ... Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: PEEGY S. JACOBS REDINGTON Shores Fl. 37708 Vice President: 5AME Address: _ Secretary: 5 pm = Address: ____ Treasurer: SAME Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

4 JACADS Che - PES
(Typed or printed name and capacity of person signing application)

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLAIR INTERNATIONAL, 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 TENTH DAY OF APRIL, A.D. 1996.



Edward J. Freel, Secretary of State

AUTHENTICATION:

7901501

DATE:

04-10-96

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