

F96000002595

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: REIMPEX 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:

Massimo Medici
(Name of Person)

Reimpez. inc.
(Firm/Company)

7225 NW 12 ST
(Address)

Miami Florida 33126
(City/State/Zip)

W96-10326
700001822057
-05/15/96--01041--012
*****70.75 *****70.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 15 PM 1:41

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

Massimo Medici at (305) 844 7045
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 15, 1996

MASSIMO MEDICI
REIMPEX INC
7225 NW 12TH ST
MIAMI, FL 33126

SUBJECT: REIMPEX, INC.
Ref. Number: W96000010326

We have received your document for REIMPEX, INC. and your check(s) totaling \$78.75. 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) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 296A00024062

**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. REIMDEX 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. TEXAS
(State or country under the law of which it is incorporated)
3. 74-2774525
(FEI number, if applicable)
4. 2/27/96
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. None yet.
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 7225 NW 12 ST Miami FL 33126
(Current mailing address)

8. Transact any or all lawful business for which corporations may be organized
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) under the Florida Business Corporations Act.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Hassimo Medici

Office Address: 7225 NW 12 ST

Miami, Florida, 33126
(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.

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: _____

Address: _____

Director: _____

Address: _____

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

President: Massimo Medici B.

Address: 15610 SW. 80th. #303

Miami Fl. 33193

Vice President: Tatiana Medici

Address: 15610 SW 80th #303

Miami Fl. 33193

Secretary: Massimo Medici B.

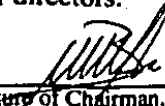
Address: 15610 SW 80th #303

Miami Fl. 33193

Treasurer: _____

Address: _____

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

13.  President Reimper Inc.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Massimo Medici B. President Reimper Inc.
(Typed or printed name and capacity of person signing application)



The State of Texas

SECRETARY OF STATE

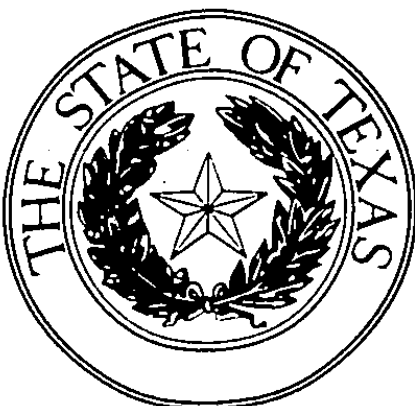
IT IS HEREBY CERTIFIED, that
Articles of Incorporation
of

REIMPEX, INC.
CHARTER NO. 1390832-0

were filed in this office and a certificate of incorporation was issued on
FEBRUARY 27, 1996;

IT IS FURTHER CERTIFIED, that no certificate of dissolution has been issued, and
that the corporation is still in existence.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 15 AM 4:19



*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
the City of Austin, on May 22, 1996.*

1077.

Antonio O. Garza, Jr.
Secretary of State

DEM

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TRANSMITTAL LETTER

TO: Qualification Tax Lien Section
Division of Corporations

SUBJECT: REIMPEX INC.
(Name of corporation - must include suffix)

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MAILING ADDRESS:

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Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

F96000002595

REIMPEX INC.

October 4, 1996

Doug Dickinson
Document Specialist
Division of Corporations

Dear Mr. Dickinson:

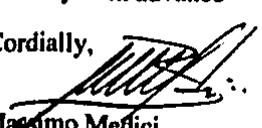
We would like to take this opportunity to notify your office that the new address of our Corporation is as follow:

15501 Bruce B Downs Blvd
No. 1302
Tampa Fl. 33647

Telephone and Fax number is: (813) 9758261

Your attention to this matter will be greatly appreciated. If you have any questions don't hesitate to call.
Thank you in advance

Cordially,


Massimo Medici
President
Reimpex Inc.

15501 Bruce B. Downs Blvd No. 1302 Tel & Fax: (813) 975-8261