

F96000002619

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

000001037700
-05/24/96--01010--011
****122.50 ****122.50

SUBJECT: CEDA Enterprises Incorporated
(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:

Eileen Anthony
(Name of Person)
CEDA Enterprises, Inc.
(Firm/Company)
8163 SE Craft Circle #c10
(Address)
Hobe Sound, Fl. 33455
(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 24 PM 1:46

LR
5/24

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

Eileen Anthony at (407) 546-0265.
(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 Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. C. E. D. A. Enterprises, Incorporated
(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. Delaware 3. in process (Fla. = 4 week)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 7, 1976 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or 'perpetual')
6. None - waiting for completion of paperwork
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))
7. 8163 SE Croft Circle #C10
Hobe Sound Fl. 33455
(Current mailing address)
8. financial investments
(Purposes) of corporation authorized in home state or country to be carried out in the state of Florida)

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DIVISION OF CORPORATIONS
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9. Name and street address of Florida registered agent:

Name: Eileen Anthony
Office Address: 8163 SE Croft Circle # C10
Hobe Sound, Florida, 33455
(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.

Eileen Anthony
(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: ONLY ONE OFFICER

Address: SAME AS REGISTERED AGENT
Eileen Anthony

Vice Chairman: 8163 SE Croft Circle #c10

Address: Hobe Sound, Fl. 33455

Director: _____

Address: _____

Director: _____

Address: _____

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

President: _____

Address: _____

Vice President: _____

Ad. _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Eileen Anthony
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

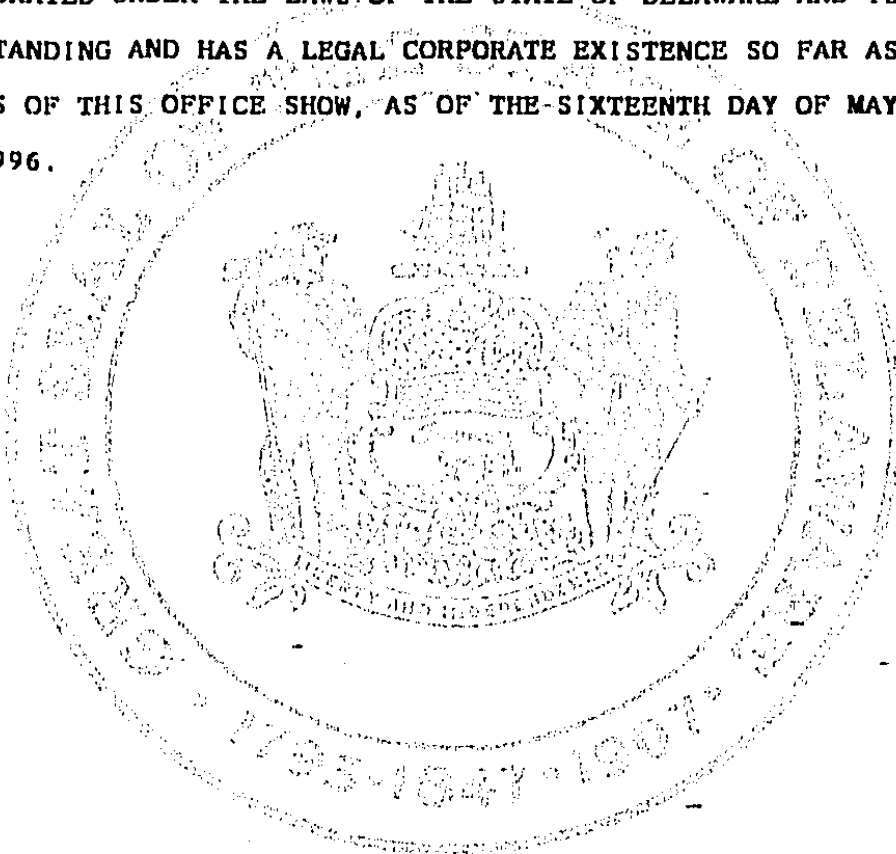
14. Eileen Anthony
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CEDA ENTERPRISES, 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 SIXTEENTH DAY OF MAY, A.D. 1996.



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 24 PM 1:46



Edward J. Freel

Edward J. Freel, Secretary of State

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960138916

AUTHENTICATION: 7949276

DATE: 05-16-96

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A DELIVER TO

000002141650--8
-04/14/97--01022--005
*****35.00 *****35.00

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR 14 AM 10:09

TLL APR 15 1997

Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

APR 14 11:10:09

CEDA Enterprises, Inc.
(Name of Corporation)

Delaware
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

PO Box 1638
(Mailing Address)

Hobe Sound, Fl. 33475
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Eileen Anthony Registered Agent/President
Signature Title

Eileen Anthony 4/3/97
Typed or printed name Date

F9600002619

A [REDACTED]

000002141650--8
-04/14/97--01022--005
*****35.00 *****35.00

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
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- Walk in Pick up time _____ Certified Copy
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Domestication	
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Change of Registered Agent	
<input checked="" type="checkbox"/> Dissolution/Withdrawal	
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Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
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Reinstatement	
Trademark	
Other	

97 APR 14 AM 10:09
DIVISION OF REVENUE

TLL APR 15 1997

Examiner's Initials	
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Signature Title

Eileen Anthony 4/3/97
Typed or printed name Date