

F96000002827

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

700001856387
-06/10/96--01003--003
*****0.75 *****8.75

SUBJECT: ORINOCO FISHERIES 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:

see corrected version

~~PATRICIA GARCIA~~ (Name of Person)

~~ORINOCO FISHERIES INC.~~ (Firm/Company)

~~9351 Fountain Bleu~~ (Address)

~~Miami, Florida 33172~~ (City/State/Zip)

W96-10541

300001825978
-05/17/96--01015--001
*****78.00 *****70.00

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

Laura Murphy at (514) 973-3053
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN - 6 PM 12: 24

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TRANSMITTAL LETTER

**TO: Qualification/Tax Lien Section
Division of Corporations**

SUBJECT: ORINOCO FISHERIES 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:

PATRICIA GARCIA
(Name of Person)

ORINOCO FISHERIES INC.
(Firm/Company)

9351 Fountain Bleu Suite B116
(Address)

Miami, Florida 33172
(City/State/Zip)

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

Laura Murphy RN at (514) 973-3053
(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. Morthum
Secretary of State

May 17, 1996

PATRICIA GARCIA
ORINOCO FISHERIES INC.
9351 FOUNTAIN BLEU
MIAMI, FL 33172

SUBJECT: ORINOCO FISHERIES INC.
Ref. Number: W96000010541

We have received your document for ORINOCO FISHERIES 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):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please list the street address of each officer/director. If the officer/director does not have a street address, list the mailing address and write (N/A).

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) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 796A00024620

ORINCOO FISHERIES INC
TEL: (514) 973-3053 FAX: (514) 973-1227

TO: FLORIDA DEPT. OF STATE

ATTENTION: MR. LEE RIVERS

DATE: JUNE 4TH, 96

DER MR RIVERS:

PLEASE FIND ENCLOSED ALL DOCUMENTS WITH LINE 6 AND THE ADDRESS FOR MR. GARCIA. ALSO I HAVE INSERTED MY ORIGINAL SIGNATURES WHERE NECESSARY.

I WOULD APPRECIATE IF THE NECESSARY PAPERS GIVING US PERMISSION TO DO BUSINESS IN FLORIDA ARE SENT OUT AS RUSH AS POSSIBLE, AS WE ARE READY TO COMMENCE BUSINESS IMMEDIATELY AND NEED THESE PAPERS IN ORDER TO BEGIN.

PLEASE RETURN ALL DOCUMENTS VIA FEDERAL EXPRESS COLLECT TO ACCOUNT NO.
TO THE FOLLOWING ADDRESS:

5200 NW 77 CT
Miami, FL 33166

SHOULD THERE BE ANY FURTHER QUESTIONS, PLEASE CONTACT ME AT 514-973-4801 OR 514-973-3053.

THANKING YOU IN ADVANCE FOR YOUR ASSISTANCE.

BEST REGARDS,


LAURA MURPHY
ORINOCO FISHERIES INC.

P.S. WE WOULD APPRECIATE RECEIVING THE NECESSARY PAPERS TO INCORPORATE A NEW COMPANY IN FLORIDA.

June 5, 1996

Dear Mr. Rivers:

Please sent back business certificate Airborne and charge Airborne account number # 123102953.

Thank you

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. ORINOCO FISHERIES 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. Quebec, Canada
(State or country under the law of which it is incorporated)
3. N/A
(FBI number, if applicable)
4. June 7, 1995
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. N/A NO BUSINESS DEALING DONE IN FLORIDA (upon qualification)
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 1000 de la Gauchetière West Suite 2700
Montreal, Quebec, Canada, H3 B 4W5
(Current mailing address)

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DIVISION OF CORPORATIONS
JUN - 6 PM 12:25

8. Sale and distribution of fish
(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)

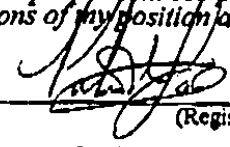
Name: Patricia Garcia

Office Address: 9351 Fountain Bleu Blvd. Suite B-116

Miami, FLORIDA, USA, Florida, 33172
(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.


Patricia Garcia
(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.

FROM : Panasonic PFF

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: Daniel Murphy
Address: 1895 Northview Drive, Mascouche, Quebec (J7L1B1)
Vice Chairman:
Address:

Director: Laura Murphy
Address: 710 D'Israeli, Laval, Quebec (H7W4E3)

Director: Manuel Rafael Garcia
Address: 14267 SW 176 AVE, Miami, FL 33177

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

President: Daniel Murphy
Address: 1895 Northview Drive, Mascouche, Quebec (J7L1B1)

Vice President: Laura Murphy
Address: 710 D'Israeli, Laval, Quebec (H7W4E3)

Secretary: Manuel Rafael Garcia
Address: 14267 SW 176 AVE, Miami, FL 33177

Treasurer: Manuel Rafael Garcia
Address: 14267 SW 176 AVE, Miami, FL 33177

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

13. *Laura Murphy* Laura Murphy
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LAURA MURPHY Vice President
(Typed or printed name and capacity of person signing application)

P.S. Should you need further information please also call our lawyer Mr. Dattuso Montreal 514-954-0525

CERTIFICATE OF ATTESTATION

*An Act respecting the legal publicity of sole proprietorships, partnerships and legal persons
(R.S.Q., c. P-45, s. 81)*

I attest that

PÊCHERIES ORINOCO INC.

and its version(s)

ORINOCO FISHERIES INC.

- Has been registered since April 25th 1996.
- Has deposited an annual declaration.
- Has complied with a request made to it under section 38 of the Act.
- Is not in the process of being dissolved.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN - 6 PM 12: 25

April 29th 1996

1145738325

CERTIFICAT D'ATTESTATION

*Loi sur la publicité légale des entreprises individuelles,
des sociétés et des personnes morales*

(L.R.Q., chap. P-45, art. 81)

J'atteste que

PÊCHERIES ORINOCO INC.

et sa ou ses version(s)

ORINOCO FISHERIES INC.

- Est immatriculée depuis le 25 avril 1996.
- N'est pas en défaut de déposer une déclaration annuelle.
- N'est pas en défaut de se conformer à une demande qui lui a été faite en vertu de l'article 38.
- N'est pas en voie de dissolution.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -6 PM 12:25

Le 29 avril 1996

1145738325



Gouvernement
du Québec
L'Inspecteur
général des
institutions
financières

Inspecteur général des institutions financières par intérim

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2 pages

ORINOCO FISHERIES INC.
(514) 973-3053 FAX: (514) 973-1227

TO: FLORIDA DEPT. OF STATE

ATTN: LEE RIVERS

DATE: SEPT. 9TH, 96

FROM: LAURA MURPHY

REF CORP. NO. F96000002827 PLEASE CHANGE THE OFFICE AND MAILING ADDRESS TO THE FOLLOWING

ORINOCO FISHERIES INC.
3750 N.W. 28TH STREET
SO. RIVER DR., SUITE 201,
MIAMI, FLORIDA 33142
TEL: (305) 638-9085, FAX NO. (305) 638-9081

IF YOU NEED ANY FURTHER INFORMATION, PLEASE CONTACT ME AT THE ABOVE NOS.

THANKING YOU IN ADVANCE FOR YOUR CO-OPERATION.

LAURA MURPHY

LES 012378 9/9/96