## F960000002916

International Broken and Diete. Juc. 16502 Diamond Head Drive

according rangers

	T. hand.	₹-Cc	erida	3232	1	-04,	/23/9601085013 +122.50 ++++122.50
	City/State/	/Zip	Pho	ne#	-	Office Use On	ly
	CORPORATION	NAM	E(S) & DO	CUMENT NU	MBER(	S), (if known):	
	1. Shiter	Nat.	Conal Name)	Broke	Document	" Distribut	tors, eluc.
	2(ζοη	oration	Name)	(	Document (	<i>I</i> I)	
	3,(Con	oration	Name)	- 0	Document :	#)	
	4(Coη	oration	Name)		Document i	#)	W46-8732
	□ Walk in	☐ Pic	k up time			Certified Copy	
		☐ wiii	-	Photocopy		Certificate of Status	ı
	NEW FILINGS		AMENDA	ENTS .	<b>建</b>		. 1
	Profit		Amendment				J 1
	NonProfit		Resignation o	f R.A., Officer/Di	rector		= 6 11
Limited Liability  Domestication			Change of Registered Agent Dissolution/Withdrawal				96 JUN 11
							AC S
	Other Merger						SSE
	OTHER FILINGS			RATION/			PH 2: 19
	Annual Report	TEATR	Foreign	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			9 IDA
	Fictitious Name		Limited Partn	ershin			
	Name Reservation		Reinstatemen				
			Trademark	•			
		<b>—</b>	Other	<u> </u>			
				<u>.</u>			
						Examiner's Initials	]



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 23, 1996

INTERNATIONAL BROKERS & DISTRIBUTORS 16502 DIAMOND HEAD DR. FT. LAUDERDALE, FL 33331

SUBJECT: INTERNATIONAL BROKERS & DISTRIBUTORS, INC.

Ref. Number: W96000008732

We have received your document for INTERNATIONAL BROKERS & DISTRIBUTORS, INC. and your check(s) totaling \$122.50. 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 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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 796A00019084

check included for fee, and Certified Copy \$12250

## 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:

	AWARE	3.	( FE) number, if appl	
•				
()CTOB	C/2 10 - 1995	5	Year com, will case t	Certain Transmit
ate first transa	cted business in Florida.	(200 pections 607,1501, 60	7.1502, and 817.155, F.S.)	4
	TO2 DIAMOS			AE 96
				ZE J
	. (anderda	ile Flor	1 da3555	HASE T
				SEA T T
Lu	Corporation authorized to	port		다유 과
(Furposets) of	i corporation authorized a	II IIVIII SALE VI COAII		0811 T9
Name and	street address of Fl	lorida registered	agent:	DA.
	Name: Dick	L. VAN KA	NDEN	
Office	Address: <u>%</u>	6502 Dia	amond to	Lead Dr.
<b>-</b>	F4 1	andudal	Florida	7 3 3 3 7 (Zip Code)
	<u> </u>	an carrie	, FOIRS	(Zip Code)
_	d agent's acceptant			
ing been na	amed as registered a the place designated	gent and to accep	ot service of proce	ss for the above st
etorori amer	it and some to actio	this canacity. I fo	rther agree to con	nolv with the provis
	elative to the proper	and complete per	formance of my d	uties, and I am fan
li statutes n				
ll statutes no and accept	t the obligations of m	y position as regi	jan:	,

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: **DIRECTORS** Vice Chairman: \_\_\_\_\_ Address: \_ Address: \_\_\_ Director: \_ Address: \_\_\_\_ **OFFICERS** В. Vice President: Address: \_ Secretary: \_ Treasurer: Address: \_ ssary, you may attach an addendum to the application listing additional officers NOTE: Ifin and/or dire (Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

THE PHANCE OF THE PROPERTY OF STATE OF THE SHOW.





Edward J. Freel, Secretary of State

AUTHENTICATION:

94 HF 93

7963*38*5

9548958 83**0**0

980104408

DATE: