

F96000003356

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

100001681811
-12/14/93--01067--004
*****70.00 *****70.00

SUBJECT: CASA RUSTICA, 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:

| | |
|--------------------|--|
| EDUARDO GANEM | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| (Name of Person) | |
| CASA RUSTICA, INC. | |
| (Firm/Company) | |
| 2906 DURAZNO | |
| (Address) | |
| EL PASO, TX 79905 | |
| (City/State/Zip) | |

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96 JUL -2 AM 10:44

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

EDUARDO GANEM at (915) 533-0373
(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

December 14, 1995

**EDUARDO GANEM
CASA RUSTICA, INC.
2906 DURAZNO
EL PASO, TX 79905**

**SUBJECT: CASA RUSTICA, INC.
Ref. Number: W95000024426**

We have received your document for CASA RUSTICA, 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):

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.

A Certificate of Existence must be obtained from the Texas Secretary of State's 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.

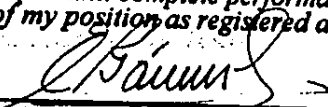
Freta Lott
Corporate Specialist Supervisor

Letter Number: 195A00054203

**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. CASA RUSTICA, 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. TEXAS
(State or country under the law of which it is incorporated)
3. 74-2959076
(FEI number, if applicable)
4. 1/25/93
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 12/95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.135, F.S.))
7. 2906 DURAZNO, EL PASO, TX 79905 (MAIN OFFICE)

(Current mailing address)
8. FURNITURE WHOLESALER
(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 acceptable)
Name: EDUARDO GANEM
Office Address: 4010 N. 28 TERRACE
HOLLYWOOD, Florida, 33020
(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.

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EDUARDO GANEM

Address: 2906 DURAZNO, EL PASO, TX 79905

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: EDUARDO GANEM

Address: 2906 DURAZNO, EL PASO, TX 79905

Vice President: _____

Address: _____

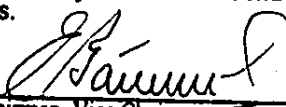
Secretary: DORA GANEM

Address: 2906 DURAZNO
EL PASO, TX 79905

Treasurer: _____

Address: _____

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

13.  12-12-95
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EDUARDO GANEM
(Typed or printed name and capacity of person signing application)

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96 JUL 12 AM 10:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED, that
Articles of Incorporation
of

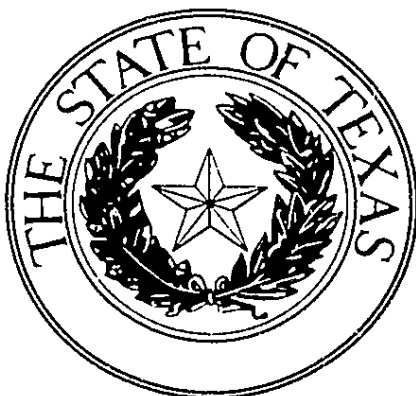
CASA RUSTICA CORPORATION
CHARTER# 1257478

were filed in this office and a certificate of incorporation was issued on
JANUARY 25, 1993;

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*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 June 17, 1996.*



1077.

Antonio O. Garza, Jr.
Secretary of State

BAM

F96000003356

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: CASA RUSTICA, INC EIN or SS#: 74-2659076

Address: 2906 DUNEZANO
EL PASO, TX 79905

Amount: \$550.00 Date Paid _____

Reason for claim: Duplicate Filing AR - F96000003356
SM 8/14/97

Certified true and correct this 12 day of August, 19 97.

Signature Eileen J. [unclear]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

| | |
|--|----------------------------------|
| For Agency Use Only | |
| Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>550.00</u> | |
| The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>98108/034</u> dated <u>06-05-97</u> | |
| Name of Account: <u>45202130001453000000000010000</u> | |
| Statutory Authority for Collection <u>607</u> | |
| It is requested that payment be made from the following account: | |
| NAME OF ACCOUNT: <u>452021300014530000000022002000</u> | |
| Certified true and correct this _____ day of _____, 19 _____ | |
| Department of State, Division of Corporations (Agency) | (Authorized Signature and Title) |