Division of Corporations

F96 CANSTELLES Section

TO: Qualification/Tax Lien Section

(Name of corporation - must include suffix) w/96-13201 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 reserenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: ANTIGORY R. MIE OREK (Name of Person) ANTRONY'S ENTERFRIZES (Firm/Company) AND Nº VAKLANA FURST DR (Address) 33305 BAILLAND PARK FOR (City/State/Zip) 400001889474 -07/10/96--01034--015 *****70.00 *****70.00 Should you need to call someone concerning this matter, please call: ANTINNY MEURER at (1.800)512.1831 IN FLA. (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



June 20, 1996

ANTHONY R. MEURER ANTHONY'S ENTERPRISES 2809 N OAKLAND FOREST DR OAKLAND PARK, FL 33309

SUBJECT: ANTHONY'S ENTERPRISES INC. Ref. Number: W96000013201

We have received your document for ANTHONY'S ENTERPRISES INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

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.

The document is illegible and not acceptable for microfilming.

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: 396A00030803

APPLICATION BY FOREIGN CC PORATION 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. ANTHONY'S INTERPRIZED AND	· · · · · · · · · · · · · · · · · · ·		
(Name of exposition: must include the word "INCORPOR abbreviations of like import in language as will clearly indicaperate or partnership if not so contained in the name at pre-	IATED. "COMPANY", "CORPORATION" or words ago that it is a corporation instead of a natural	or	
(State or counity under the law of which it is incorporated)	2		
	(Fil member Hamilton)		
4. 8.	· · · · · · · · · · · · · · · · · · ·		
(Date of Just application)	5. Pekoralai		
6	(Duration: Year curp, will cease to exist or "perpetui	יינים	
6(Date first transacted business in Florida. (SEE SECTIONS	Z// 12//	- ,	
China asc Hogs	607.1501, 607.1502, AND 817.155, F.S.)		
7. 2809 N' BAKEAND FUNEST	D.P.	95	200
en di territoria di m		<u></u>	<u> </u>
OAKIAND PARK FEA 35009 (Current mailing		1 3	
(Curent mailing	address)	-8 pu	₹
(Purpose(s) of conjunction authorized in home state or country to			취연
(Purpose(s) of conjugation authorized in home state or conjugate	Posis.	- X	SE
	be carried out in the state of		Ħ
 Name and street address of Florida registered agacceptable) 	saudi. (Pa m. m.	Ü	
ercehmute)	ent: (P.O. Box or Mail Drop Box PIOT		
Name:CT Corporation System			
Office Address: 12(9) S. Pine Tsland Road			
Plantation	3222/		
10. Registered agent's acceptance:	_ , Flonda ,,		
Having hear many 1	(Zip Code)	•	
Having been named as registered agent and to accept se corporation at the place designated in this application, I registered agent and agree to act in this capacity. I furtial statutes relative to the proper and complete performand accept the obligations of my position as registered a	TVICE Of DEVERSE for the at		
registered agent and agree to act in this application, I	hereby accept the appointment as		
and accept the obligations of and complete performa	ner agree to comply with the provisions of		
position as registered a	gent.		
Shorton Due	. An .		
- Joseph Committee Committ	BABARA A BURKE SPECIAL ASSESTANT SECRETARY		
11. Attached is a certificate of avistance in agent's sign	uture)		
11. Attached is a certificate of existence duly authenticate delivery of this application to the Department of State, official having custody of corporate records in the juris incorporated.	d, not more than 90 days prior to		
incorporated.	by the Secretary of State or other		
	under the law of which it is		

9042221222

	s and addresses of officers and/or directors: (Street address ONLY-P, O, Box acceptable) CTORS (Street address only-P. O , Box NOT acceptable)
	(ARIOTS CABANAS
Address: _	19190 CAROLINA CIRCO DESERGION BEACH FEA.
Vice Chair	NAN'
Address: _	
Director: _	
Address:	
Director:	
Address:	
President:Address:	ERS (Street address only- P. O. Box NOT acceptable) ANTIKAN MENRIR BROG NO CAKLANO FROME OR
Vice Preside	SAKLAND PARK (LA 33303 LEINTIGI
Address:	DROY NO CAKAND PERSET DR
	CAKLAND MARK GA. 33WI LANT 112
Secretary: _	SERA I WEISCO
	NOT-102 T WOLL CIRCLE
-	DEERGOO BENCH FIA 3330+
Treasurer: _	ANTHON RANGERER
Address:	SARME AS AROUE
NOTE: If ne	cessary, you may attach an addendum to the application listing additional r directors.
13.	
ं र∞स्था	sture of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANTHONY'S 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 THIRTIETH DAY OF MAY, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE DIVISION OF CORPORATIONS



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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2408656 8300

05-30-96