TO: Qualification/Tax Lien Section

COURIER ADDRESS:

Division of Corporations

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallaliassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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. MAKROSCAN, INC. (Name of corporation: must include the word "INCORPORATIO", "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 (State or country under the law of which it is incorporated) 3. 11-2756306 (FEI number, if applicable) |
| 4. 5/31/1985 (Date of Incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual") |
| 6. 8/15/96 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, AND 817.155, F.S.) 50 8 |
| 7. P.O. Box 989 |
| LAKE WORTH, FL 33460 - 0989 Mg 2 Mg |
| the see tweet in the USE, BENT OR LEASE ON DO OTHER WISE |
| 8. Dear in the CLASSES OF TEAL AND PERSONAL PROBERTIES (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) |
| Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| Name: ILKKA RIISSANEN |
| Office Address: 896 N. FEDERAL Huy, = 426 |
| LANTAHA, Florida, 33462 |
| 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. |

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.

Mka Zemane (Registered agent's signature)

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: 1LKKA RUSSANEN 240 VANTERBILT DR. LAKE WORTH, FLA Address: Vice Chairman: Address: ______ RIISSANEN Director: DiTVA-Lines Address: 240 WOILTH #L 33460 Director: ___ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: ILKLEA RIISSANEN 240 VANDERTBILT DR. Address: LAKE WORTH, FL 33460 Vice President: RITVA - LIISA RIISSANEN Address: 240 VANDERBILT DR. LAKE WOLTH FLA RITVA-LIISA RISSAHEN Address: 240 VANDERBILT DR. LAKE WORTH, FLA NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) RIISSANEN

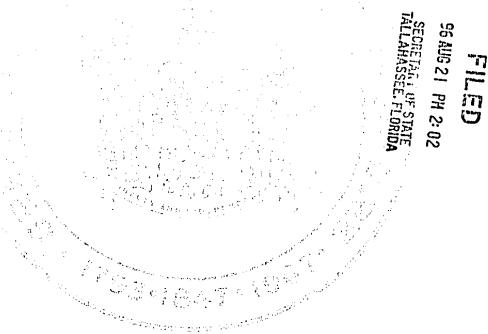
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAKROSCAN, 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 FIRST DAY OF AUGUST, A.D. 1996.



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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08-01-96

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