TO: u i	figure fax Lies fection (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
SUBJECT:	SECURITIES DISPUTE ARBITRATION, INC. (Name of corporation must include suffix)
Dear Sir or N	
The enclosed Florida", "Co foreign corpo	"Application by Foreign Corporation for Authorization to Transact Business in retificate of Existence", and check are submitted to register the above referenced oration to transact business in Florida.
	all correspondence concerning this matter to the following:
	TAKE POLLACK (Name of Person)
	SDO, INC. (Firm/Company) IASE SE
	1975 E. SUNLISE Blue # 5 C
	(Address) F1. (ANDENDALE F1 33304 PD F F F F F F F F F F F F F F F F F F
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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

August 13, 1996 '

JAKE POLLACK SDA, INC. 1975 E SUNRISE BLVD #516 FT LAUDERDALE, FL 33304

SUBJECT: SECURITIES DISPUTE ARBITRATION, INC.

Ref. Number: W96000016926

We have received your document for SECURITIES DISPUTE ARBITRATION, INC. and your check(s) totaling \$78.75. 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".

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.

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.

Letter Number: 396A00038544

Doug Dickinson Document Specialist

Der H. W96000016926

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.	(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.	(State or country under the law of which it is incorporated) 3. APPLICE FOR ECONOMICS STATEMENT OF THE PROPERTY OF THE PROP	
4.	S/5/96 (Date of Incorporation) 5. Den D. Selection: Year corp. will cease to exist or "perpetual")	
6.	S 7 9	
7.	1975 E SWINISE 13/VD # 516	
	ff Bubenoals, Fl 33304 (Current mailing address)	
8.	(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: PollACIL, JAKE	
	Office Address: 1975 E SUNRISE BIVD # 516	
	Ft landenDale , Florida, 33304	
10.	Registered agent's acceptance: (Zip Code)	
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.

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: _ Address: ANDONDA Vice Chairman: ______ Address: __ Director: _ Address: _____ Director: Address: _ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: _ 33306 Vice President: Address: Secretary: Address: Treasurer: __ Address: _ 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) 13.

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

RESIDENT

State of Delaware Office of the Secretary of State

1. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE. DO HEREBY CERTIFY *SECURITIES DISPUTE ARBITRATION.

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 NINTH DAY OF AUGUST, A.D. 1996.

SECRETARY OF STATE

6 a. . 1 4

Edward J. Freel, Secretary of State

2650503 8300

960233203

AUTHENTICATION:

8062119

DATE:

08-09-96