

F96000004587

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

200001949722
-09/17/96--01155--018
****200.00 ****200.00

SUBJECT: ADMIN MANAGEMENT, 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:

PEDRO FORTE
(Name of Person)

ADMIN MANAGEMENT, INC.
(Firm/Company)

3990 WEST FLAGLER STREET, 4th FLOOR
(Address)

MIAMI, FLORIDA 33134
(City/State/Zip)

P/K- 1300-15007
200001949722
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SECRET
TALLAHASSEE, FLORIDA

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

PEDRO FORTE at (305) 441-2444
(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

IMPORTANT NOTICE CONCERNING
\$1000 PENALTY FEE

THE FLORIDA DEPARTMENT OF STATE
WILL WAIVE THE \$1000 PENALTY FEE
IMPOSED UNDER SECTION 607.1502(4) OR
SECTION 617.1502(4), FLORIDA STATUTES,
FOR ANY FOREIGN CORPORATION WHICH
APPLIES FOR A CERTIFICATE OF
AUTHORITY BETWEEN JULY 1, 1996 AND
DECEMBER 31, 1996. (LAWS OF FLORIDA 96-212)

THE CORPORATION STILL MUST PAY ALL
FILING FEES AND ANNUAL REPORT FEES
THAT WOULD HAVE BEEN DUE IF THE
CORPORATION HAD PROPERLY
QUALIFIED.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 18, 1996

PEDRO FORTE
ADMIN MANAGEMENT, INC.
3990 W FLAGLER ST 4TH FLR
MIAMI, FL 33134

SUBJECT: ADMIN MANAGEMENT, INC.
Ref. Number: W96000015067

We have received your document for ADMIN MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4) or 617.1502(4), F.S., this office is required to collect a penalty of \$1000 for each year this corporation transacted business in Florida prior to qualification and the appropriate annual report fees that would have been due had the corporation qualified the year it began operation in this state.

However, the \$1000 per year penalty fee is waived, pursuant to laws of Florida 96-212, for any corporation that applies for a certificate of authority between July 1, 1996 and December 1, 1996.

The total amount due this office through December 31, 1996 to cover the back annual report(s) is \$200.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 596A00034921

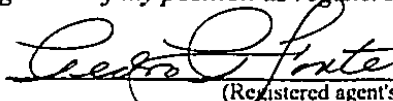
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

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. ADMIN MANAGEMENT, INC.
(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. MISSISSIPPI
(State or country under the law of which it is incorporated)
3. 64-0868168
(FEI number, if applicable)
4. 10/25/95
(Date of Incorporation)
5. 2094
(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 817.155, F.S.))
7. 309 FRONT BEACH,
OCEAN SPRINGS, MS 39564
(Current mailing address)
8. MANAGEMENT
(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 **NOT** acceptable)
Name: PEDRO FORTE
Office Address: 3990 WEST FLAGLER ST
MIAMI, Florida, 33134
(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: SANDRA HALL

Address: 309 FRONT BEACH, OCEAN SPRINGS, MS 39564

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SEAL
TALLAHASSEE, FLORIDA

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

President: SANDRA HALL

Address: 309 FRONT BEACH

OCEAN SPRINGS, MS 39564

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

(Signature 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)

STATE OF MISSISSIPPI

SECRETARY OF STATE'S OFFICE

ERIC CLARK
SECRETARY OF STATE
JACKSON, MISSISSIPPI

CERTIFICATE OF EXISTENCE/AUTHORITY

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STATE
TALLAHASSEE, FLORIDA

I, ERIC CLARK , Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 25, 1995 the state of Mississippi issued a Charter/Certificate of Authority to:

ADMIN MANAGEMENT, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual REPORT HAS BEEN DELIVERED TO THE SECRETARY OF STATE'S OFFICE.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
April 19, 1996

Eric Clark

ERIC CLARK
Secretary of State