F9600004859

TO: Qualification/l'ax Lien Section **Division of Corporations** 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: 80.0000195555 -03/25/96--01001--009 -*******70.00 iguidation (Firm/Company) Should you need to call someone concerning this matter, please call:

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

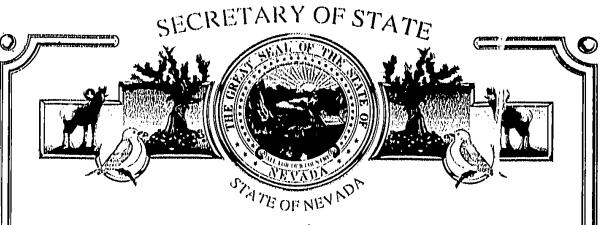
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| l, | (Name of corporation: this include the word "INCORPORATION", "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) 35-1984275 (FBI number, if applicable) |
| 4. | (Date of Incorporation) 5. Per petual in perpetual in perpetual p |
| б. | not started yet - we project last quarter 1996 (Date Gist transacted business in Florida, (SEE SECTIONS 607, 1501, 607, 1502, AND 817, 155, 15.5.) |
| 7. | The Liquidation Network Inc. |
| | POBOX 2244 (Current malling address) |
| | (Current mailing address) |
| 8. | (Current mailing address) Kokomo IN 46904 - 2244 / Sell collectible (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) |
| ٠., | (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) |
| ッ. | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| | Name: Christopher Weising Office Address: 7101 Presidents Dr. Suite 270 |
| | Office Address: 7101 Presidents Dr. Suite 270 |
| | Registered agent's acceptance: , Florida, 32809 (Zip Code) |
| 10. | Registered agent's acceptance: (Zip Code) |
| | tying been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as distered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with discrept the obligations of my position as registered agent. |
| | l (coparated agent & aguardick) |

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: _ Mick Koko ma 46900 **2**00 S Vice Chairman: Address: Director: 190 Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Christopher Address: Vice President: 46902 Address: Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional Willi Noftager
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Treasurer (Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, co hereby certify that I am, by the laws of said State, the custodian of the records relating to fillings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes; and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, THE LIQUIDATION NETWORK, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 7, 1996, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my cffice, in Carson City, Nevada, on September 12, 1996.

Secretary of State

The D. B. B. B. Co. Ву

Certification Clerk