F9600004978

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT:	SHURON (Name of corporate	IN C.		. '		**************************************	(3) जनजनग्रा(8).
	(Name of corporat	lon - must in	clude auffix)	·: .			
Dear Sir or Madam:							alla de la companya d
The enclosed "Appl Florida", "Certificate foreign corporation to	9 of Existence", (and check	arë subm	uthoriza itted to	tion to register	Transact I the above	Business in referenced
Please return all corre	spondence conce	rning this	matter to	the folio	wing:		
	CHARLES (Name of P	AJ HITA	HILL				98 88 88 88 88 88 88 88 88 88 88 88 88 8
<u>-</u>	SHURON						A SE

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

(Address)

(City, State and Zip Code)

CHARLES CULITERIAL at (959) 572-6368.
(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 Sec. Division of Corporations P. O. Box 8327 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;

person or partnership if not so contained in the name at pres	3. <u>57-095-</u> 407 2 (FEI number, if applicable)	
(Date of Incorporation)	5. PERFETUAL (Duration: Year corp. will cease to exist or "pe	
(Date first transacted business in Florida, (SEE SECTIONS	607.1501, 607.1502, AND 817.155, F.S.)	
. SHURON INC, 10851	N.W 50TH ST SUNRISE	FL 3335
(Current mailin DISTRIBUTION OF OFTICA (Purpose(s) of corporation authorized in home state or country		DIVISIONE DIRECTOR PHIL
Name and street address of Florida registered		PH OT
Name: CHARLES G. WHITES		
Office Address:		
0. Registered agent's acceptance:	(Zip Code)	

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.

(Registered agent's signature)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: _____ Vice Chairman: Address: _____ Director: Address: _____ Director: _____ Address: _____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) HARLES G. WHITEHILL President: ECTIONS BLUD H 206 Address: _ Address: Secretary: CHORLES R. CHAITEGE Address: ___ Treasurer: CHARLES G. WHITE HILL 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) CHARLES G WHITEHILL.
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors; (Street address ONLY-P. O. Box NOT acceptable)

The State of South Carolina



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Office of Secretary of State Jim Miles =

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

SHURON LTD.,

a corporation duly organized under the laws of the State of South Carolina on May 12th, 1992, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State at Columbia this 23rd day of September, 1996.

Jim Milas, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxee owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has paid all taxes due to the State of South Carolina, and has fied the annual reports, a certificate of complance must be obtained from the Tax Commission.

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