TO: Qualification/Pax Lien Section

TO: Qualification/Γαχ Lien Section Division of Corporations

SUBJECT: Hoffman Investment MANAGEMENT Forc.
(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:

Richard E. Hoffman (Name of Person)	200001965 -10/04/96010750 ******70.00 *******7
(Name of Person) Hoffman Investment MG7 (Firm/Company)	THE
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HALLANDALe FLORIDA 33	95 OCT

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

Richard Ho FRINAN
(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

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.	HOFFMAN SHVESTMENT MANAGEMENT INC	-
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" of words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)	r f a
	(State or country under the law of which it is incormerated). 13-3702PPO	·
4.	(Date of Incorporation) (Date of Incorporation) (Duration: Year corp. will cease to exist "perpetual")	or
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, P.S.)	·
7.	200 Lestie Deive #715	
	HALLANDAZE FLORIDA 33009 (Current mailing address)	SANG SSANG
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	CRETARION OF C
7.	acceptable)	CRPORATION OF STATE
	Name: Richard E. HFFre	SXC
	Office Address: 200 Les Zie Drive #715	
	HALLANDALA, Florida, 33009 (Zip Code)	
10.	Registered agent's acceptance: (Zip Code)	· · · · ·
Ha	ving been named as registered agent and to accept service of process for the above	

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.

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: ____ Vice Chairman: Address: _ Director: _____ Address: Director: __ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Vice President: Address: ____ Secretary: ____ Address: Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. or any officer listed in number 12 of the application) (Typed or primed name and capacity of person signing application)

State of New York **Department of State**

I hereby certify, that the certificate of incorporation of HOFFMAN INVESTMENT MANAGEMENT INC. was filed on 02/09/1993, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

> Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of September one thousand nine hundred and

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