

F96000005336

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: AQUA VIVA SYSTEMS, INC.

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:

Steven M. Fishman, Esq.

Steven M. Fishman, P.A.
(Firm/Company)

2725 Park Drive, Suite 3
(Address)

Clearwater, FL 34623
(City, State and Zip Code)

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

Steven M. Fishman
(Name of person)

at (813) 724-9044
(Area Code & Daytime Phone No.)

Courier Address:
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

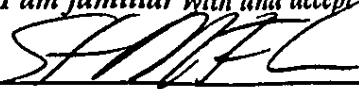
**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. AQUA VIVA SYSTEMS, 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 of not so contained in the name at present.)
2. Washington State
(State or county under the law of which it is incorporated)
3. 91-1402524
(FBI member, if applicable)
4. June 10, 1996
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. June 14, 1996
(Date first transacted business in Florida. (See Sections 607.1501, and 817.155, F.S.))
7. 10933 Duncan Street, Seminole, FL 33772
(Current mailing address)
8. Any lawful activity, business or trade
(Purpose(s) of corporation authorized in home state or county to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box
Mail Drop NOT acceptable)**

Name: Steven M. Fishman, Esq.
Office Address: 2725 Park Drive, Suite 3
Clearwater, Florida, 34623

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.



Steven M. Fishman, Registered Agent

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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 or corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and address 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: Zdena Fiala

Address: 10933 Duncan Street, Seminole, FL 34642

Director: Rose Fiala

Address: 10933 Duncan Street, Seminole, FL 34642

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

President: Zdena Fiala

Address: 10933 Duncan Street, Seminole, FL 34642

Vice President: Rose Fiala

Address: 10933 Duncan Street, Seminole, FL 34642

Secretary: Zdena Fiala

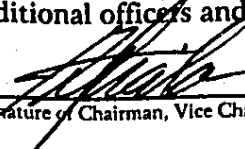
Address: 10933 Duncan Street, Seminole, FL 34642

Treasurer: Rose Fiala

Address: 10933 Duncan Street, Seminole, FL 34642

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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. Zdena Fiala, President/Director
(Typed or printed name and capacity of person signing application)

STATE of WASHINGTON



SECRETARY of STATE

I, **RALPH MUNRO**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AMENDMENT

to

AQUA VIVA, INC.

a Washington Profit corporation. Articles of Amendment were filed for record in this office on the date indicated below.

Changing name to **AQUA VIVA SYSTEMS, INC.**

UBI Number: 601 429 621

Date: June 24, 1996

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Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

RALPH H. MUNRO

Ralph Munro, Secretary of State
2-374622-5

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this certificate that according to the records on file in this office,

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

AQUA VIVA, INC.

I FURTHER CERTIFY that the records on file in this office show that the
above named profit corporation was formed under the laws of the
State of Washington and was issued a certificate of incorporation
in Washington on June 10, 1986.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
has been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.

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Date: June 6, 1996

*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*

RALPH H. MUNRO

Ralph Munro, Secretary of State

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