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Qualification/Tax Lien Section TO: **Division of Corporations** METROPOLIS ENTERPRISES INC.
(Name of corporation - must include suffix) 400001991144--1 -10/30/96--01116--002 *****70.00 *****70.00 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: MINIU QUIRING
(Name of Person)
MCTROPSISS ENTER PRESES, INC. SDS Feather Tree DIL
(Firm/Company) 525 Feather Tree De.
(Address) Clearer fr FC34625 Should you need to call someone concerning this matter, please call: (Name of Person) at (813) 442-8125 (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

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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:

١.	METROPOLIS ENTERPRISES, INC.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)	of a	
2.	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
	(State of country under the law of which it is incorporated) (FEI number, if applicable)		
4.	Gept 5 1996 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist "perpetual")	9	DIVIO SE
	"perpetual")	, H	
6.	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	129	ETARY BLARTE
	(Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	艺	_332.0
7.	5-25 Fruther TREE DR	10:32	ik S
		ည	-릴째
	Clarinater FL 34625 (Current mailing address)		55
	(Current mailing address)		-
8	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)		_
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	1	_
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable)		
	Name: MARY ANN QUIRINO		
	Office Address: 423 Cleveland St.		
	Clearwriter, Florida, 34625 (Zip Code)		
10.	Registered agent's acceptance: (Zip Code)		
	ving been named as registered agent and to accept service of process for the abo		
egi ill	rporation at the place designated in this application, I hereby accept the appoint sistered agent and agree to act in this capacity. I further agree to comply with the pro- statutes relative to the proper and complete performance of my duties, and I am fan d accept the obligations of my position as registered agent.	ntme ovisio	nt as ons of

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.

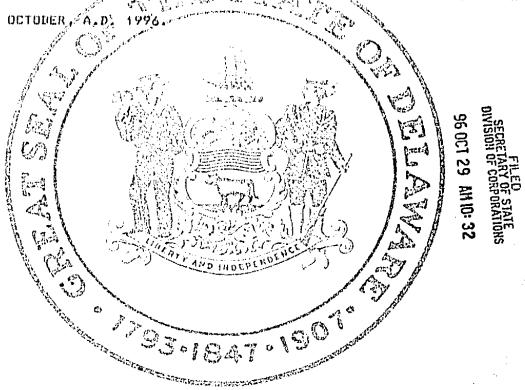
12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Convic Bolsma 900 E. PALMER AU. Ste 5 Address: Vice Chairman: MARS ANN QUIRINO Address: _ 505 Feather Tree Dre Director: Address: ______ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: CONNIEBUSMA 900 E. PALMER AV SK8 Address: Chandrale CA 31205 Vice President: MARY ANN QUIRINO Marcoater, FL 34625 Secretary: MARY BUN QUIEINO Address: __ Treasurer: CONNIC Bylsma 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) CONNIEBUISMA CHAIRMAN

(Typed-or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF DELAWARE. DO HEREBY CERTIFY "METROPOLIS ENTERPRISES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A CEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW! AS OF THE SEVENTEENTH DAY OF





Edward J. Freel, Secretary of State

2658451 8300

AUTHENTICATION:

8150715

960302122

DATE:

10-17-96