Qualification/rax Lien Section **Division of Corporations**

Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact B Florida", "Certificate of Existence", and check are submitted to register the above reforeign corporation to transact business in Florida.	dusiness in eferenced
Please return all correspondence concerning this matter to the following:	W96-21458
1 D -10/I DANIEL STIEGLITZ ****	0001969711 09/9601107007 **78.75 *****78.75
(Name of Person) OLSHER SPORTS INTERNATIONAL INC	SECRETALLARIA
(Firm/Company) BOCA CENTER, TOWER ONE 5200 TOWN CENTER CIRCLE	SS -5 E
(Address) BOCA RATON, FLORIDA 33486	PH 3: L2 PH 3: L2 E. FLORIDA
(City/State/Zip)	•

S

DANIEL STIEGLITZ	at (561) 338-7200
(Name of Person)		(Area Code &	Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassec, FL 32399

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 10, 1996

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DANIEL STIEGLITZ OLSHERSPORTS INTERNATIONAL INC BOCA CTR, TWR 1, 5200 TOWN CTR CIR BOCA RATON, FL 33486

SUBJECT: OLSHERSPORTS INTERNATIONAL INC

Ref. Number: W96000021458

We have received your document for OLSHERSPORTS INTERNATIONAL INC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 996A00046176

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.	1. OLSHERSPORT'S INTERNATIONAL INC	•	
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORA" words or abbreviations of like import in language as will clearly indicate that it is a corporation in natural person or partnership if not so contained in the name at present.)	ION" or	
	natural person or partnership if not so contained in the name at present.)	istend of a	1
	, , , , , , , , , , , , , , , , , , ,		
2	2		
4.	2. DELEWARE 3. 13-3811109 (State or country under the law of which it is incorporated) (FEI number, if applicable		
	(FEI number, if applicable)	
4.	4. IANUARY 24, 1995 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease "perpetual")		٠.
	(Date of incorporation) (Duration: Year corp. will cease)	O STILL OF	
	"perpetual")	-l .	_
		eg y	ñ.
6.	TO BE DETERMINED	10 Z	हैं ना
٠.	(Date first transacted business in Florida. (SEB SECTIONS 607.1501, 607.1502, AND 817.155, F	<u> </u>	<u> </u>
			1
7.	BOCA CENTER, TOWER ONE		_ [71
			平田
	5200 TOWN CENTER CIRCLE	E.S. (س س
	DOCA DAMON DE 2240C	유턴	<u></u>
	(Current mailing address)	<u>6</u> m	₹5
		>	
8.	ANY LAWFUL BUSINESS		
_	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Fic	-13-1	_
		Alica)	
у. ј	. Name and street address of Florida registered agent: (P.O. Box or Mail Drop I	Box NO	T
y. 1	Name and street address of Florida registered agent: (P.O. Box or Mail Drop I acceptable)	Box <u>NO</u>	Ľ
у. I		30x <u>NO</u>	ľ
y. 1		30x <u>NO'</u>	Ľ
У. I	Name and street address of Florida registered agent: (P.O. Box or Mail Drop I acceptable) Name:MARTIN_ENGELS	Box <u>NO</u>	ľ
У. I	Name: MARTIN ENGELS	Вох <u>NO</u>	ľ
У. I		Вох <u>NO'</u>	ľ
у. J	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET		r
у. J	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET		r
	Name:MARTIN_ENGELS Office Address:None		r
	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET		r
10.	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET MIAMI, Florida ,33131 (Zip Co	ode)	
10.	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET MIAMI, Florida ,33131 (Zip Co	ode)	
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10. Hav	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET MIAMI, Florida ,33131 (Zip Colored agent's acceptance: aving been named as registered agent and to accept service of process for the proporation at the place designated in this application, I hereby accept the agestered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am d accept the obligations of my position as registered agent.	above oppointme	stated ent as
10. Hav corp regi. all s	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET MIAMI, Florida ,33131 (Zip Colored) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the proporation at the place designated in this application, I hereby accept the agestered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am d accept the obligations of my position as registered agent. (Registered agent's signature)	above pointme provisi familiai	stated ent as
10. Hav corp regi. all s and	Name:MARTIN_ENGELS Office Address:	above opointme provisio familiai	stated ent as
10. Hav corp regi. all s and	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET MIAMI, Florida ,33131 (Zip Colorida). Registered agent's acceptance: aving been named as registered agent and to accept service of process for the proporation at the place designated in this application, I hereby accept the agestered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am d accept the obligations of my position as registered agent. (Registered agent's signature) Attached is a certificate of existence duly authenticated, not more than 90 days pridelivery of this application to the Department of State by the Secretary of Secretary of State by the	above opointme provision familian	stated ent as
10. Hav corp regi. all s and	Name:MARTIN_ENGELS Office Address:100 SE 2ND STREET MIAMI, Florida ,33131 (Zip Colored) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the proporation at the place designated in this application, I hereby accept the agestered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am d accept the obligations of my position as registered agent. (Registered agent's signature)	above opointme provision familian	stated ent as

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: ____HICHAEL OLCHER___ 3278 ST ANNES DRIVE Address: _ BOCA RATON FLO 33496 Vice Chairman: Address: Director: HOWARD STAMER Address: 5200 TOWN CENTER CIRCLE SUITE 500 BOCA RATON FL 33486 Director: ___ Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: MICHAEL OLSHER Address: 3278 ST ANNES DRIVE BOCA RATON FL 33496 Vice President: _____M_JEAN_MACKEY Address: 921 RANVAN DRIVE DELARAY BEACH FL 33483 Secretary: DANIEL STIEGLITZ Address: 21799 SUGARBERRY CIRCLE BOCA RATON FL 33429 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vige Chairman, or any officer listed in number 12 of the application)

14. SECRETARY - DANIEL STIEGLITZ

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

State of Delavare

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLSHERSPORTS INTERNATIONAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF OCTOBER, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

BEEN FILED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

8169564

960315532

DATE:

10-30-96

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