005905 Requestor's Name Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Photocopy Certificate of Status Mail out Will wafit NEW FILINGS AMENDMENTS. 400002341644--5 -11/07/97--01062--008 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00 Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

## TRANSMITTAL LETTER

(Name of corporation - must include suffix)

Qualification/Tax Lien Section

**Division of Corporations** 

To:

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to retransact business in Florida.		
Please return all correspondence concerning this matter	to the following:	
C. J. Sanchez		
(Name of	Person)	
Pharmed Group Hold (Firm/Con	mpany)	
3045 N.W. 104 Aver	nue	
(Addr	ress)	
( ) liami F C	33 (7 2 te/Zip)	
(City/Sta	te/Zip)	
Should you need to call someone concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)		
COURIER ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section	Qualification/Tax Lien Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St. Tallahassee, FL 32399	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 T REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	U	
PHIRMON GROUP HOLDINGS, 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 if not so contained in the name at present.)		
2. State or country under the law of which it is incorporated)  3. (FEI number, if applicable)		
(State of Country index the fath of which is a party of the party of t		
4. (Date of incorporation)  5. (Quration: Year corp. will cease to exist or "perpetual")		· 4 <del></del>
6. Upon qualification		
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	ശ	DV2
7 3075 N.W. 107 Avenue	3	· 55
Miami, FC 33(7)— (Current mailing address)		. <u>45</u>
(Current mailing address)	~_i	
Com Com	3	
8. To take over as pavent corp. of Pranned Group Corp.  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	9	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		. Î
Name: CJ Sanchez		
Office Address: 3075NW 107 AVR.		
Miamy F L 33,72, Florida, 33,172 (Zip code)		₹ **
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation at the plac in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fa and accept the obligations of my position as registered agent.	igree	to .
and accept the obligations of the position as regestive as		
(Registered agent's signature)		
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application	n to 1	ihe

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) Miam, FL 33172 Vice Chairman: 10tge Address: 3075 B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: \_\_\_\_\_ Carlos M. de Cespedes 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)

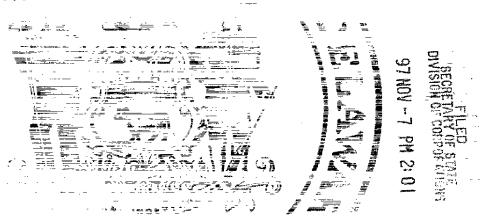
(Typed or printed name and capacity of person signing application)

## State of Delaware

## Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMED GROUP HOLDINGS, 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 THIRD DAY OF NOVEMBER, A.D. 1997.



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8737419

11-03-97

2690067 8300

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