F9700006753

To: Qualification/Tax Lien Sec Division of Corporations	tion	
- 4	CA INTERNATIONA	41 LTD
50b/Le1	(Name of corporation - must include suffi	x)
Dear Sir or Madam:	<u>.</u>	
The enclosed "Application by Forei "Certificate of Existence", and chec transact business in Florida.	ign Corporation for Authorization to Transck are submitted to register the above refer	sact Business in Florida", enced foreign corporation to
Please return all correspondence cor	ncerning this matter to the following:	300002372083 —9 -12/15/97—01066—011 ******70.00 ******70.00
-	(Name of Person)	
	CARLOS ARBOLEYA, JH. P.A.	W97-27947
	COCONLIT GROVE: FLORIDA 33139 (306) 868-0076 (306) 856-9191 FAX	
	(Address)	•
		97 97
	(City/State/Zip)	DEC 22
Should you need to call someone con	ncerning this matter please call-	34 <u>5</u>
9	5 at (305) 816 -	AM 8: 47
(Name of Person)	(Area Code & Daytime Telep	phone Number)
COURIER ADDRESS:	MAILING ADDRES	ss: 12/22
Qualification/Tax Lien Section	Qualification/Tax Lie	n Section

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 15, 1997

CARLOS ARBOLEYA JR. 2550 SOUTH DICIE HWY COCONUT GROVE, FL 33133

SUBJECT: COROCA INTERNATIONAL LTD., CORP.

Ref. Number: W97000027947

We have received your document for COROCA INTERNATIONAL LTD., CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 (850) 487-6097.

Letter Number: 497A00058939

Michael Mays Document Specialist 97 DEC 22 AM 8: 47

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

IN Ri	N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED T EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	0		
1.	COROCA INTERNATIONAL LTD. CORF	2		
	(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.	CAYMAN IS/ANDS 3. APPLIED FOR (State or country under the law of which it is incorporated) (FEI number, if applicable)	<u> </u>		
4.	OCTOBER 8, 1997 5. Phoball			
	(Date of incorporation) (Duration: Year corp. Will cease to exist or "perpetual")	·		
6.	UPON QUALIFICATION			
	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)			
7.				
	4th Floor, HARBOUR CENTER BOX613, GRANI) () (Current mailing address) CAYMAN ISTAM	- <i>4VMA</i> n		
	(Current mailing address) CAYMAN ISTAN	265		
8.	Went Estata haddings			
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u>-=</u>		
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	SECRE VISION		
	Name:	무로		
	CARLOS APROLEYA, ML P.A.	350		
Of		SS SS SS SS SS SS SS SS SS SS SS SS SS		
	COCONUT GROVE, PLONIOS 33133 CO (305) 856-0076 (300) 886-0191 PAY			
	, Florida,	<u>⊋</u> mi		
	(Zip code)	())		
10.	Registered agent's acceptance:			
Ha in ti	ving been named as registered agent and to accept service of process for the above stated corporation at the place dethis application. I hereby accept the appointment as provided to accept the application.	esignated		
con	uply with the provisions of all statutes relative to the proper and complete upon	e to		
and	l accept the obligations of my position as registered agent.	iar with		
	(Dhu			
	(Registered agent's signature)			
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the				
	partment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction und which it is incorporated.	the er the law		

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT accept	table)
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director: PEDRO ROTAS, SR	
Address: 2604 NW 72 AV	e
Mim Fe 33/22	
Director: MIKAIL RQTAS	
Address: 2604 NW 72 as	4
- Mani, Fi 33/26	
B. OFFICERS (Street address only - P.O. Box NOT acco	eptable) 9 0
President:	
Address:	
	P. CONT.
Vice President:	STATION F
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary	
NOTE: If necessary, you may attach an addendum to the applicant.	tion listing additional officers and/or directors.
(Signature of Chairman, Vict Chairman, or any o	fficer listed in number 12 of the application)
14MIKAIL ROJAS-DIRECTOR	
(Typed or printed name and cap	acity of person signing application)

