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CARIAD CAPITAL FUNDING LIMITED

48 MOLYNES ROAD, KINGSTON 10, JAMAICA, W.I.
PHONE: (876) 923-3118 FAX: (876) 923-3119

January 11th, 1998

Florida Department Of State
Division Of Corporation
Tax Qualification Lien Section
P.O. Box 6327
Tallahassee FL 32314

100002399011--1
-01/13/98--01106--010
*****78.75 *****78.75

Att: Jennifer Sindt:

W98-976

Re: Registration Foreign Corporation.
: CAPTION: : CARIAD CAPITAL FUNDING LIMITED:

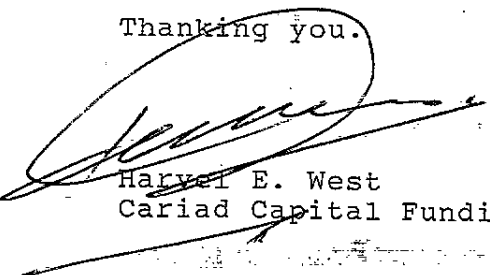
As per todays telephone conversation with the writer re the above, enclosed please find the necessary completed document for the recording and registration of the above company.

We are enclosing also the following:

- (a) Copy of Certificate of Incorporation
- (b) Cashiers Check for \$78.75 to include cost of : Certificate of Status: .
- (c) Overnight return mail for urgency.

We trust you will find all to be in order.

Thanking you.


Harvey E. West
Cariad Capital Funding Limited

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DIVISION OF CORPORATIONS

Harvel said to
add "Corporation"
to name.

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CARIAD CAPITAL FUNDING LIMITED
(Name of corporation - must include suffix)

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:

HERVEL E. WEST (Chairman/ President)
(Name of Person)

CARIAD CAPITAL FUNDING LIMITED
(Firm/Company)

17160 S.W. 94th Ave. #604
(Address)

MIAMI FLORIDA 33157
(City/State/Zip)

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

Hervel E. West at (305) 255 3679
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
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

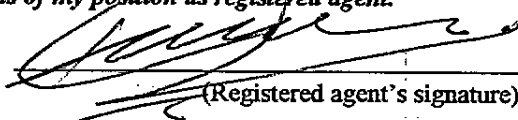
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. CARIAD CAPITAL FUNDING LIMITED Corporation
(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. JAMAICA (W.T.) 3. #58,606
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 11, 1997 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N NOT APPLICABLE
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 17160 S.W. 94th Ave. #604 Miami Florida 33157
(Current mailing address)
8. FINANCIAL BROKER AND CONSULTANT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: HERVEL E. WEST
- Office Address: 17160 S.W. 94th Ave #604
MIAMI, Florida, 33157
(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 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.


(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 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)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: HERVEL E. WEST

Address: 48 MOLYNES ROAD
KINGSTON JAMAICA W.I.

Vice Chairman: YVONNE M. WEST

Address: 17160 S.W. 94th Avenue #604
MIAMI FLORIDA 33157

Director: DEANNE WEST

Address: 17160 S.W. 94th Avenue # 604
MIAMI FLORIDA 33157

Director: _____

Address: _____

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

President: HERVEL E. WEST

Address: 17160 S.W. 94th Avenue #604
Miami Florida 33157

Vice President: YVONNE WEST

Address: 17160 S.W. 94th Avenue #604
Miami Florida 33157

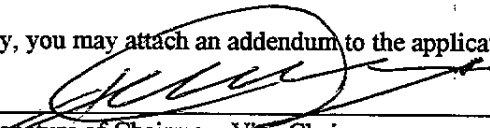
Secretary: DEAnne west

Address: 17160 S.W. 94th Avenue # 604
Miami Florida 33157

Treasurer: YVONNE WEST

Address: 17160 S.W. 94th Avenue #604
Miami Florida 33157

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. CHAIRMAN / PRESIDENT
(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF THE INCORPORATION OF A COMPANY



I hereby Certify that

CARIAD CAPITAL FUNDING LIMITED

was Incorporated under the

Companies Act as a **Limited** Company

on the **ELEVENTH** day of **DECEMBER**

One Thousand Nine Hundred and Ninety- Seven .

Given under my hand at Kingston this **SEVENTEENTH** day of

DECEMBER One Thousand Nine Hundred and Ninety- Seven.



No. of Company 58,606.

PN
Registrar of Companies

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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