

F98 00000/428

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SUSAN CAMPOS, INC.

(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:

GLADYS M. ARONSON

(Name of Person)

C/O SUSAN CAMPOS, INC.

(Firm/Company)

5775 Fernley Drive W #93

(Address)

West Palm Beach, Florida 33415

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Susan Campos

(Name of Person)

at (808) 573-1612

(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

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. SUSAN CAMPOS, 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. HAWAII
(State or country under the law of which it is incorporated)

3. 99-0189522
(FEI number, if applicable)

4. August 14, 1979
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist of "perpetual")

6. April 1, 1998
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 412 Ehilani St.

Pukalani, Hawaii 96768

(Current mailing address)

8. Provide bookkeeping, tax, and accounting services to the public
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Gladys M. Aronson

Office Address: 5775 Fernley Drive W #93

West Palm Beach

, Florida , 33415

(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.

Gladys M. Aronson

(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)

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

Chairman: Susan Campos
Address: 412 Ehilani St.
Pukalani, Hawaii 96768

Vice Chairman: Marilyn Hanks
Address: 478 Kaiaulu Loop
Makawao, Hawaii 96768

Director: Randall Campos
Address: 62 Winchester Dr.
S. Dennis, Ma 02660

Director: _____
Address: _____

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

President: Susan Campos
Address: 412 Ehilani St.
Pukalani, Hawaii 96768

Vice President: Susan Campos
Address: 412 Ehilani St.
Pukalani, Hawaii 96768

Secretary: Marilyn Hanks
Address: 478 Kaiaulu Loop
Makawao, Hawaii 96768

Treasurer: Susan Campos
Address: 412 Ehilani St.
Pukalani, Hawaii 96768

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Susan Campos*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Susan Campos, Chairman
(Typed or printed name and capacity of person signing application)

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98 MAR 12 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Hawaii
Department of Commerce and Consumer Affairs
Honolulu

CERTIFICATE OF GOOD STANDING


I, the undersigned Director of Commerce and Consumer Affairs
of the State of Hawaii, do hereby certify that according
to the records of this Department

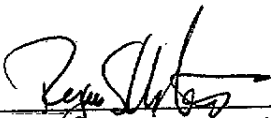
SUSAN CAMPOS, INC.

was incorporated under the laws of Hawaii on 08/14/1979 ;
that it is an existing corporation in good standing, and is
duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the
Department of Commerce and Consumer
Affairs, at Honolulu, Hawaii.

Dated: 02/24/1998


Director of Commerce and Consumer Affairs

By 
Commissioner of Securities

FILED
98 MAR 12 PM 2:36
SECRETARY OF COMMERCE
HONOLULU, HAWAII