To:

UBJECT:
OBJECT:

INTERNATIONAL CORP

(Name of corporation - must include suffix)

Dear Sir or Madam:

******78.75 ******
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:

CHUKS N. IBEKWE	
(Name of Person)	
CNI INTERNATIONAL CORP.	<u> </u>
(Firm/Company)	98 HAR
1850 PROVIDENCE LAKES BOULEVARD, #604	707 N
(Address)	mer = To
BRANDON, FLORIDA 33511	
(City/State/Zip)	2 3

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

CHUKS N. IBEKWE

at (813

) 662-2683

(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. CNI INTERNATIONAL CORP. (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.) (State or country under the law of which it is incorporated) 4. JULY 15, 1996 (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) P.O.Box 1268 BRANDON, FLORIDA 33509-1268 (Current mailing address) ENGAGE IN ANY LEGAL ENTERPRISE, ANYWHERE IN THE WORLD, FOR PROFIT (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) CHUKS N. IBEKWE Office Address: 1850 PROV. LKS BLVD., SUITE #604 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.

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.

(Registered agent's signature)

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: ____ CHUKS N. IBEKWE Address: 1850 PROVIDENCE LAKES BOULEVARD, #604 BRANDON, FLORIDA 33511 Vice Chairman: Address: __ Address: Director: Address: __ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: __ CHUKS N. IBEKWE 1850 PROVIDENCE LAKES BOULEVARD, #604 Address: BRANDON, FLORIDA 33511 = -Vice President: CHUKS N. IBEKWE 1850 PROVIDENCE LAKES BOULEVARD, #6047 Address: BRANDON, FLORIDA 33511 LINDA V. MONTGOMERY Secretary: __ 1850 PROVIDENCE LAKES BOULEVARD, #604 Address: BRANDON, FLORIDA 33511 CHUKS N. IBEKWE Treasurer: _ 1850 PROVIDENCE LAKES BOULEVARD, #604 Address: ___ BRANDON, FLORIDA 33511 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) CHUKS N. IBEKWE, CHAIRMAN

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

Secretary of State Corporations Division Suite 315, West Tomer 2 Martin Cuther King Ir. Dr. Atlanta, Georgia 30334-1530

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JURISDICTION : GEORGIA
PRINT DATE : 03/13/1998

FORM NUMBER : 211

CNI INTERNATIONAL CORP. ATTN CHUKE IBEKWE P.O. BOX 1268 BRANDON FL 33509

98 MAR 24 AM II: 04
SECRE MARSEE, FLORID

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CNI INTERNATIONAL CORP. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

LEWIS A. MASSEY SECRETARY OF STATE

