F98000001907

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
	PUS Capital Inc. ne of corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpor" (Certificate of Existence", and check are substransact business in Florida.	ration for Authorization to Transact Business in Florida", nitted to register the above referenced foreign corporation to
Please return all correspondence concerning to	-04/01/9801078002 -04/01/9801078002 ******78.75 *****78.75
	(Name of Person)
Magnum O	195 Capital Inc. (Firm/Company)
740 S. Feder	al Huy #606 (Address)
Pompano E	Och Fl 33062 (City/State/Zip)
Should you need to call someone concerning	this matter, please call:
Rico Grandavo at	954) 781- 2754
(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
Talialiassee, FL 32377	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. Pus Capital Inc. Mane 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.) 5. / / Garation: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (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: EnRico Giordano 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.

	ses of officers and/or directors: (Street address	
irman:	eet address only - P.O. Box NOT acceptable / /	98 APR - 1 PM 4: 13
		SECRETARY HE STATE
		TALLAHASSEE FLORIDA
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,	ou may attach an addendum to the application	
Enrice	enobreill of le	
Signa	1 P	cer listed in number 12 of the application)

State of Delaware

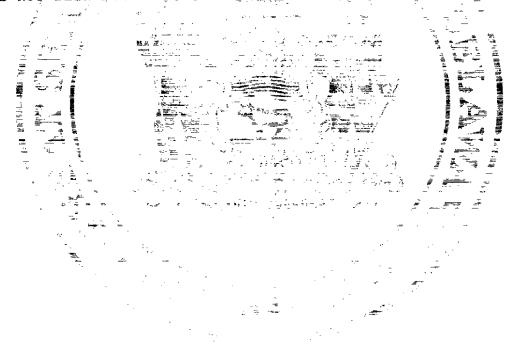
Office of the Secretary of State

FILED

98 APR - 1 PM 4: 13

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE SEE, FLORING DELAWARE, DO HEREBY CERTIFY "MAGNUM OPUS CAPITAL 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 TWENTY-FIFTH DAY OF MARCH, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

8991898

DATE:

03-25-98