F9800000035948 10 Whom it may Concern: Please And enclosed a UPS Invelope to return acknowledgement. You have any additional questions need answering you can contact Russell Van de Castede at his voice mail at /800-914-1263 just leave a message and he well return the Call immediately. Thank you for your quick riply in advance. Sincerely yours; W98-9357

AL APR - 5 1998

FILED

TRANSMITTAL LETTER

98 MAY -4 AM II: 03

To: Qualification/Tax Lien Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: HEALTH PLUS INTERNATIONAL OF NEVADA, 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:

RUSSELL VAN de Corteele
(Name of Person)
HEALTH PLUS INTERNATIONAL OF NEVADA
(Firm/Company)
1801 S. FEDERAL HWY SUITE 223
(Address)
DELZAY BEACH, FL 33483
(City/State/Zip)

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

RUSEII VAN DE CASTECKAT (800) 914-1263

(Name of Person) (Area Code & Daytime Telephone Number)

(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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

98 MAY -4 AH II: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 27, 1998

RUSSELL VAN DE CASTEELE HEALTH PLUS INTERNATIONAL, INC. 1801 S. FEDERAL HWY, SUITE 223 DELRAY BEACH, FL 33483

SUBJECT: HEALTH PLUS INTERNATIONAL, INC.

Ref. Number: W98000009357

We have received your document for HEALTH PLUS INTERNATIONAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application for the registration of a foreign corporate name by Health Plus Internation, Inc. can not be filed since the name is unavailable.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 798A00022712

There are the check back Could you look into
it for me.

Enclosed please find all the documents you
need to Register HPI of Nevada Inc.

I have enclosed a Felex envelope for your promptness.

Division of Corporations - P.O. BOX 6327-Tallahassee, Florida 32314

Padvague Russer.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILEC

98 MAY -4 AMII: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 4, 1998

RUSSELL VAN DE CASTEELE HEALTH PLUS INTERNATIONAL, INC. 1801 S. FEDERAL HWY, SUITE 223 DELRAY BEACH, FL 33483

SUBJECT: HEALTH PLUS INTERNATIONAL, INC.

Ref. Number: W98000009357

We have received your document for HEALTH PLUS INTERNATIONAL, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

I am returning the enclosed check for \$78.75 as the fee to file your qualification application is already on file.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 098A00024335

PREVENTION

PAGE 02

P.02

MAY-04' 98 (MON) 14:42 CRM BUREA

MAY- 4-98 MOH 15:47

904 487 6014

P. 002

FILED

98 MAY -4 AM II: 03

SECRETARY OF STATE TALL AHASSEE, FLORIDA RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned RUSSE// VAN de CASTEELE, do hereby certify
Lythe undersigned(Name)
HEALTH Plus INTERNATIONAL,
that this Resolution of the Board of Directors of HEALTH Plus INTELNATIONAL,
INC- (Corporate Neme)
a corporation duly organized and existing under the laws of the State of
a corporation duly organized and existing under the law, or dis-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
was duly adopted on JULY /
HEALTH PLUS INTERNATIONAL, LA
Be it resolved, that
organized and existing in the State of
HEALTH PLUS INTERNATIONAL OF NEVADA, INC for use in Florida.
11/00
Dated: 5/4/98
K. 1/2 1 atra
Alexandre of cities Chairrian, Vice Chairrian or any officer
Signatore of Grand Characteristics
RUSSEIL VAN de CASTRELE, PRES/CED
Type of print name

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

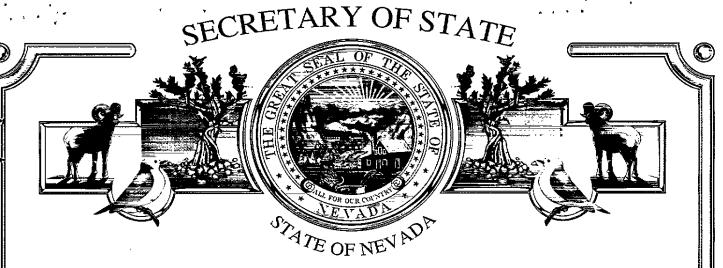
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. HEALTH PLUS INTERNATIONAL OF NEVADA INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
00 0201 20
2. NEVADA (State or country under the law of which it is incorporated) 3. State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 17 1997 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. WAITING FOR CERTIFICATE OR UPON REGISTRATION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. SOIS FEDERAL HWY SUITE 223
DELRAY BEACH FL. 33483
(Current mailing address)
Maderia Managera Daniero
8. MARKETING HEALTH AND MEDICAL RELATED PRODUCTS
8. MARKETING HEALTH AND MEDICAL RELATED PRODUCT((Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: DONALD A. DAVETT Office Address: TUSCANY C 183
(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: DONALD A. DAVETT Office Address: TUSCANY C 183
(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: DONALD A. DAVETT Office Address: TUSCANY C 183
(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) 8 Name: DONALD A. DAVETT Office Address: TUSCANY C 183 DELRAY BEACH Florida, 33446 (Zip code)
(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: DONALD A. DAVETT Office Address: TUSCANY C 183
(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: DNALD A. DAVETT Office Address: TUSCANY C /83 DELRAY BEACH 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
(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: DONALD A. DAVETT Office Address: TUSCANY C / 83 DELRAY BEACH 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
(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: Deval A. Davett Office Address: Tuscany C 183 Deval Beach Florida, 38446 (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.
(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: DNALD A. DAVETT Office Address: TUSCANY C /83 DELRAY BEACH 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

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. Name	s 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:	NONE		
	To The state of th		
Vice Chair	man: Nowe		
Director:			
Address:	1801 S. FEDERAL HUY SUITE 223		
	DELZAY BEACH FL. 33483		
Director:	BREAL BROWN		
Address:	4.62 NW 3KO DRIVE		
_	DELRAY BEACH FL. 33445		
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)		
President:	RUSSELL VAN DE CASTERIE		
Address: _	1801 S. VEDERAL HWY SVITE 223		
_	DELRAY BEACH FL. 33483		
Vice Presid	lent: NONE		
Address: _			
_	Distribute		
Secretary:	DONALD VAVETT		
Address: _	DE DE DE DE DE LES		
-	DELRAY BEACH, Ft. 33446		
Treasurer:	BRETTE BROWN		
Address: _	4502 NW 320 DRIVE		
_	DELRAY BEACH, FL. 33445		
NOTE: 1	necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13	Kussed Van de Castor		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14	Russell Van de C'asteele - PRESIDENT & CEO		
	(Typed or printed name and capacity of person signing application)		

_ - -



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTH PLUS INTERNATIONAL**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 17, 1997, and is in good standing in this state.

Βy

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on April 20, 1998.

Secretary of State

Certification Clerk

HAY -4 AM II: 04

ECRETARY OF STATE

AND SEFF. FLORIDA