# F980000003633

#### TRANSMITTAL LETTER

•	ification/Tax Lien Section sion of Corporations	5000025010754 -04/27/9801061011 *****70.00 *****70.00
SUBJECT: _	Amerigo International (Name of corporation - must include suffix)	LTD
_Dear Sir or N	√ladam:	
	d "Application by Foreign Corporation for Authorization ertificate of Existence", and check are submitted to regist oration to transact business in Florida.  In all correspondence concerning this matter to the following the content of the following the concerning the content of the following the content of th	<u>≥</u> 1 ****
	Leonand Tombosco (Name of Person)  Amerigo International (Firm/Company)	PM 2: 37 EF. FLORIDA
	PO BOX 170515  (Address)  BOCA RATON FL 33497  (City/State/Zip)	wy98-9423
	need to call someone concerning this matter, please call:  at (95)  to of Person	4 346 7575  Je & 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 AR 5/8/28



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

98 MAY -8 PM 2: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 28, 1998

LEONARD TAMBASCO AMERIGO INTERNATIONAL LTD P.O. BOX 970515 BOCA RATON, FL 33497

SUBJECT: AMERIGO INTERNATIONAL LTD

Ref. Number: W98000009423

We have received your document for AMERIGO INTERNATIONAL LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION, CORP., COMPANY, or CO.

I am returning the certifed copy of the corporate charter as it is not needed by this office.

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.

Letter Number: 598A00022869

Agnes Lunt Document Specialist 10 Ngnes 5- 8-98; 13:55

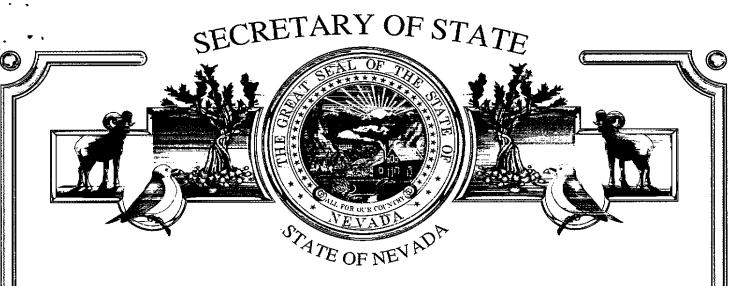
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	Amerigo International 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.	(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)		
4.	(Date of Incorporation)  5. Persoctus  (Duration: 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.)		
7.	PO BOX 970515  BOCA Raton FL 33497  (Current mailing address)		
8,	(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 NET 2) acceptable)			
	Name: Learand Tambosco		
	Office Address: 3650 Coup/ Ridge Dane Suite 101		
	(Zip Code)		
10	Registered agent's acceptance:		
co re; ali	wing been named as registered agent and to accept service of process for the above stated reportion at the place designated in this application, I hereby accept the appointment as existered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am funtion with a accept the obligations of my position as registered agent.		
	(Registered agent's signature)		
ŧ 1	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) 101 Address: Vice Chairman: 101 Address: <u>3650</u> Director: Address: \_ Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Vice President: Address: Secretary: \_ Address: 3650 Treasurer: Address: \_\_\_\_\_ 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)

(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, **AMERIGO 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 April 20, 1998, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 5, 1998.

Secretary of State

By Mary Mr K

Certification Clerk

98 MAY -8 PM 2:37
SECRETARY OF STATE
AND ASSEE, FLORIDA