## Document Number Only C T Corporation System Requestor's Name 660 East Jefferson Street **Address** 32301 Tallahassee, FL Phone Zip State City **CORPORATION(S) NAME** <del>05/19/38--0105</del>4--021 **∆** Profit () Amendment () NonProfit () Limited Liability Company () Mark\*52.50 () Dissolution/Withdrawal () Foreign () Other () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () Fictitious Name () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready 的 Pick Up () Will Wait Walk In () Mail Out PLEASE RETURN EXTRA COP Name Availability FILE STAMPED THANKS Document JOEY Examiner Updater Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.		must include the v	word "INCORPOR as will clearly indic	ATED", "COMPANY", "cate that it is a corporati				
2.	Delaware (State or country unde		it is incorporated)		. 13-3935683 (FEI number, if a	ipplicable)		
4.	2-28-97 (Date of incorpor	ation)	5	perpetual Puration: Year corp. will o	æase to exist or "px	erpetual")		
6.	upon fili (Date first transacted t		ı. (See sections 60	07.1501, 607.1502, and	817.155, F.S.)	9.6 Ala	*=	
7.	45 Rockefe New York,	NY 10111	20th Floor			DIVÎSÎON DE CORP 98 may 19 pm		
8.	requiring the	consent or	act or acti law, but no approval c	yity for which to engage in of any Florida intry to be camed out in	state offici the state of depa	al	or	
9.	Name and street ad	dress of Florida		t:				
	•			South Pine Island Road 33324 (Zip Code)	<u>L</u>		,	
H de fu	esionated in this applic	egistered agent ar ation. I hereby acc with the provisions	cept the appointme of all statutes rela	ce of process for the abo ent as registered agent a ative to the proper and c on as registered agent.	and agree to act in t	this capacity.	,	
	C T CORPORATION SYSTEM							
	(Registered agents signature) (Officer)							

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

(FL-2189-9-23-97)

- 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:

A.	DIRECTORS	
	` Chairman:	•
	Address:	
	Director <b>Vice</b> x <b>Sha</b> ir	Gudmund Rønningen
	Address:_	Kalfarveien 57A
		N-5018, Bergen, Norway
		Ronald Kurtz
	Address: _	19495 Biscayne Boulevard, Suite 801
	_	Aventura, Florida 33180
	Director:	Robert W. Burnett
•	Address:	737 Park Avenue
	-	New York, NY 10021
В.	OFFICERS	
	President:	Robert W. Burnett
		737 Park Avenue
	_	New York, NY 10021
	Vice Presid	lent:
	Address:	
	-	
	Secretary:_	Robert W. Burnett
		737 Park Avenue
	_	New York, NY 10021

98 MAY 19 PM 2. D.

•	Treasurer:			
•	Address:			<u> </u>
NOTE: and/or di	If necessary, you may rectors.	y attach an addendum t	to the application lis	ting additional officer
13	Mh	ce Chairman, or any off		
(Sign application	ature of Chairman, Vio on)	ce Chairman, or any of	ficer listed in numbe	r 12 of the
		resident and Secretar		
Type	ad ac aciated name an	d capacity of person sid	ning application)	

DIVISION OF CORPORATIONS,

98 MAY 19 PM 3:01

## -State of Delaware Office of the Secretary of State

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

DIVISION OF CORPORTING



Edward J. Freel, Secretary of State

AUTHENTICATION:

9084670

DATE:

05-15-98