l	780000C TRANSMITTAL LET	
-	fication/Tax Lien Section ion of Corporations	200002531282 -05/21/9801036 *****70.00 *****
SUBJECT: _	DEL CONTE INC. (Name of corporation - must inclu	de suffix)
Dear Sir or N		· ·
Florida", "Ce	l "Application by Foreign Corporation for Auther Entificate of Existence", and check are submitte pration to transact business in Florida.	d to register the above referenced
Florida", "Ce foreign corpo	rtificate of Existence", and check are submitte	d to register the above referenced
Florida", "Ce foreign corpo	ertificate of Existence", and check are submitte bration to transact business in Florida. all correspondence concerning this matter to t THOMAS DI NARDO, ESQ. (Name of Person)	d to register the above referenced
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Florida", "Ce foreign corpo	ertificate of Existence", and check are submitte bration to transact business in Florida. all correspondence concerning this matter to t <u>THOMAS DI NARDO, ESQ.</u> (Name of Person) DI NARDO & CO., P.C.	d to register the above referenced he following:
Florida", "Ce foreign corpo	ertificate of Existence", and check are submitte bration to transact business in Florida. all correspondence concerning this matter to t THOMAS DI NARDO, ESQ. (Name of Person) DI NARDO & CO., P.C. (Firm/Company) 499 PARK AVENUE, 8TH I (Address) NEW YORK, NY 10022	d to register the above referenced he following:
Florida", "Ce foreign corpo	ertificate of Existence", and check are submitted pration to transact business in Florida. all correspondence concerning this matter to to THOMAS DI NARDO, ESQ. (Name of Person) DI NARDO & CO., P.C. (Firm/Company) 499 PARK AVENUE, 8TH I (Address)	d to register the above referenced he following:

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 21, 1998

THOMAS DI NARDO, ESQ. DI NARDO & CO., P.C. 499 PARK AVE., 8TH FLOOR NEW YORK, NY 10022

SUBJECT: DEL CONTE INC. Ref. Number: W98000011729

We have received your document for DEL CONTE INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 487-6093.

Freta Lott Corporate Specialist Supervisor

Letter Number: 598A00028846

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.	DEL CONTE 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.)	
	NEW YORK	
2.	NEW YORK 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)	<u> </u>
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
	a / 10 / 00 5 Barnatual	
4.	<u>3/18/98</u> (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	<u> </u>
	(Date of incorporation) (Date of incorporation) "perpetual")	
6.	As soon as qualified	
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	
_		
7.	DEL CONTE INC.	. .
	c/o Filippo Maestrini, 189 West 89th Street, Apt. 50, New York, NY 100	24
	(Current mailing address)	<u>.</u>
8.	Import/Export	
	(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 NQT acceptable)	JA.
	acceptable)	SE
		<u>9</u> 2
	Name: Nicolas Villar Del Saz	
		SHI-
		Son
	Office Address: 10210 S.W. 59 Avenue	200
		RASTA
	Miami , Florida , <u>33156</u>	TE
	(Zip Code)	IONS TO NO

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.

A. DIRE		
	DIRECTOR: FILIPPO MAESTRINI	5. xt - 1
Address: _	189 West 89th Street, Apt. 5Q	
· _	New York, NY 10024	<u></u>
VicexChain	MARK DIRECTOR: ALBERTO MAESTRINI	
Address: _	V.le.P. Nenni, 31/2	++ Ì Ì
-	50143 Firenze, Italy	- · · -
Director		• -
Andresser		
-		···· · · · · · ·
Directory .		:
ANNER		- ,,-
B. OFFIC	CERS (Street address only- P. O. Box NOT acceptable)	
President:	Filippon Maestrini	· <u>.</u>
	Filippon Maestrini	· · ·
	Filippon Maestrini 189 West 89th Street, Apt. 50	· :
Address:	Filippon Maestrini	· · · · ·
Address:	Filippon Maestrini 189 West 89th Street, Apt. 5Q New York, NY 10024	·
Address:	<u>Filippon Maestrini</u> 189 West 89th Street, Apt. 5Q <u>New York, NY 10024</u> dent:& <u>Secretary:</u> Alberto Maestrini	·
Address: Vice Presi Address:	Filippon Maestrini 189 West 89th Street, Apt. 5Q New York, NY 10024 dent:& Secretary: Alberto Maestrini V.le.P. Nenni, 31/2 50143 Firenze, Italy	
Address: Vice Presi Address:	Filippon Maestrini 189 West 89th Street, Apt. 5Q New York, NY 10024 dent:& Secretary: Alberto Maestrini V.1e.P. Nenni, 31/2 50143 Firenze, Italy	
Address: Vice Presi Address:	Filippon Maestrini 189 West 89th Street, Apt. 5Q New York, NY 10024 dent:& Secretary: Alberto Maestrini V.1e.P. Nenni, 31/2 50143 Firenze, Italy	
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State of New York SS: **Department of State**

I hereby certify, that the certificate of incorporation of DEL CONTE INC. was filed on 03/18/1998, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation'.

Witness my hand and the official seal of the Department of State at the City of Albany, this 29th day of May one thousand nine hundred and ninety-eight.



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