F98000004396

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: DBL ADJUSTERS CC 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.

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-08/03/98--01073--004
*****78.75 *****78.75

Please return all correspondence concerning this matter to the following:

CARL B. PRETORIUS
(Name of Person)

DBL ADJUSTERS CC INC
(Firm/Company)

11574 MURRAY AVE
(Address)

LARGO FL 33778
(City/State/Zip)

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

ANGIE GAROUFALIDIS at (813) 938-6729
(Name of Person) (Area Code & Daytime Telephone Number)

mtm
8/3

STREET 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

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. DBL ADJUSTERS CC 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. SOUTH AFRICA
(State or country under the law of which it is incorporated)

3. CK96 13656/23
(FEI number, if applicable)

4. 3/26/96
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. NOT APPLICABLE
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 11574 MURRAY AVE
LARGO FL 33778
(Current mailing address)

8. INSURANCE ASSESSMENT
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: HUGO FORSTER

Office Address: 11574 MURRAY AVE

LARGO, Florida, 33778
(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.

(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.

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)

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: CARL B. PRETORIUS

Address: 11574 MURRAY AVE
LARGO FL 33778

Vice President: HUGO FORSTER

Address: 11574 MURRAY AVE
LARGO FL 33778

Secretary: DENISE FORSTER

Address: 11574 MURRAY AVE
LARGO FL 33778

Treasurer: CARL B. PRETORIUS

Address: 11574 MURRAY AVE
LARGO FL 33778

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Hugo Forster
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HUGO FORSTER, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

CLOSE CORPORATIONS ACT, 1984

CK1

Sections 12, 13, 14, 24, 27, 29, 47 and 60
Regulations 2, 5 and 17

FOUNDING STATEMENT

To be lodged in triplicate

Before filling in the form, first take note of the notes on the reverse side of page 2. Complete page 1 in one language only.

REGISTRATEUR VAN MAATSKAPPE VAN BESLOTE KORPORASIES
1996 -03- 19
R50 R50
REGISTRAR OF CLOSE CORPORATIONS

REGISTRATION NUMBER OF CORPORATION CK96 13656/23

The word "insurance" in the description of the business ie. insurance assessment" approved in terms of sec 75 bis of the Ins-Act, 1943.

FINANCIAL SERVICES BOARD
RAAD OP FINANSIELE DIENSTE 19/3/96

Full name of corporation D B L ADJUSTERS CC

Literal translation of name (if applicable) NOT APPLICABLE

Shortened form of name (if applicable) NOT APPLICABLE

Description of principal business INSURANCE ASSESSMENT

CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT
GEWAARMERK 'N SUISTE AFSKRIF VAN DIE OORSPRONKLIKE DOKUMENT

REGISTRAR OF CLOSE CORPORATIONS
REGISTRATEUR VAN BESLOTE KORPORASIES

DATE/DATUM 1996-07-03

Number of members ONE

Date of end of financial year END FEBRUARY

Aggregate members' contribution R 100,

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Postal address P O BOX 1545, WANDSBECK, 3631

Address of registered office (not post office box) 10 VILLAGE MARKET, JAN HOFMEYER ROAD, WESTVILLE, 3630

Name and postal address of accounting officer CORNELIUS & SAVILLE, P O BOX 2151, PINETOWN, 3600

Attach written consent to appointment

Full name of recognised profession of accounting officer CHARTERED ACCOUNTANT

Membership/practice No 930091

CERTIFICATE OF INCORPORATION

The founding statement has been registered and the corporation has been incorporated on 26 MARCH 1996

The above-named corporation has been converted from company: (Reg No)

REGISTRAR OF CLOSE CORPORATIONS DATE 1996. 3. 26

Data Processing
Classification
Recorded
Initials and date

2513

NAAM VAN KORPORASIE
NAME OF CORPORATION D B L ADJUSTERS CC

REGISTRASIENOMMER **REGISTRATION NUMBER**	CK96 13656 23

LEDE / MEMBERS

Ek/Ons* die lid/lede* wie se naam/name* op hierdie stigtingsverklaring aangeteken is, bevestig deur my/ons* handtekening(e)*/ die handtekening(e)* van my/ons* gevolmagtigde(s)* hiertoe dat die besonderhede hierin vervat, korrek is en versoek die inlywing van die korporasie (volmag aangeheg indien van toepassing).
*Skrap wat nie van toepassing is nie.

I/We* the member(s)* whose name(s)* is/are* recorded on this founding statement, confirm by my/our* signature(s)*/ the signature(s)* of my/our* proxy(ies)* hereto that the particulars stated herein are correct and request the registration of the corporation (power of attorney attached if applicable).
***Delete which is not applicable.**

VIR SLEUTEL TOT BESONDERHEDE, KYK NOTA 6 OP KEERSY VAN BLADSY 2
FOR KEY TO PARTICULARS SEE NOTE 6 ON REVERSE SIDE OF PAGE 2

1	(a) PRETORIUS		
	(b) CARL BERNICO		
2	(i) 5005165014006		
2	(ii)	3	100 %
4			R 100,00
5	10 VILLAGE MARKET, JAN HOFMEYER ROAD WESTVILLE, 3630		
6	P O BOX 1545, WANDSBECK, 3631		
7		8	12/3/1996

1	(a)		
	(b)		
2	(i)		
2	(ii)	3	%
4			
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1	(a)		
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1	(a)		
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2	(i)		
2	(ii)	3	%
4			R
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6			
7		8	

NOTAS / NOTES

1. Vorm CK1 moet in blokhoofletters geskryf wees of getik, steengedruk of gedruk wees in leesbare letters met swaar vaste swart ink, en in drievoud ingedien word.
Form CK1 must be written in block capitals or be typewritten, lithographed or printed in legible characters with deep permanent black ink, and lodged in triplicate.

2. Vorm CK1 wat nie aan die vereistes van die Wet, regulasies of hierdie notas voldoen nie, sal verwerp word.
Form CK1 which does not comply with the requirements of the Act, regulations or these notes, will be rejected.

3. Waar 'n persoon namens 'n lid teken, moet volmag aangeheg word.
Where a person signs on behalf of a member, power of attorney must be attached.

4. Minderjarige kinders en ander handelingsonbevoegde persone moet deur hulle ouers, voogde of verteenwoordigers, na gelang van die geval, bygestaan word en die hoedanigheid moet vermeld word.
Minor children and other persons under legal disability must be assisted by their parents, guardians or representatives as the case may be, and the capacity must be stated.

5. Indien geen identiteitsdokument uitgereik is nie, moet 'n skriftelike verklaring tot dien effekte aangeheg word.
If no identity document has been issued, a written statement to this effect must be attached.

6. Besonderhede wat onder die opskrif "LEDE" verstrek moet word:
Particulars to be furnished under the heading "MEMBERS":

   (1) (a) Van. (Indien regspersoon, meld naam en hoedanigheid en indien trustee, meld ook naam en besonderhede van testamentêre trust en indien 'n lid nomine officii as administrateur, eksekuteur, kurator, ens. optree, meld hoedanigheid.)
   (a) Surname. (If juristic person, mention name and capacity and if trustee, also mention name and particulars of testamentary trust and if acting nomine officii as trustee, administrator, executor, curator, etc. state capacity.)
   (b) Volle voorname / **Full forenames.**

   (2) Identiteitsnommer. ((i) Indien geen identiteitsdokument uitgereik is nie, verstrek geboortedatum en sien par. 5 hierbo.) ((ii) Indien regspersoon, meld registrasienommer.)
   Identity number. ((i) If no identity document has been issued, state date of birth and see para 5 above.)
   ((ii) If juristic person, mention registration number.)

   (3) Grootte van belang uitgedruk as 'n persentasie.
   Size of interest expressed as a percentage.

   (4) Besonderhede van bydrae en billike geldwaarde daarvan (indien van toepassing).
   Particulars of contribution and fair monetary value thereof (if applicable).

   (5) Woonadres / **Residential address.**

   (6) Posadres / **Postal address.**

   (7) Handtekening van lid of verteenwoordiger (waar van toepassing).
   Signature of member or representative (where applicable).

   (8) Datum onderteken.
   Date of signature.

7. Indien daar 4 of minder lede is, moet bladsye 1 en 2 voltooi word. Bladsy 3 moet slegs voltooi word indien daar meer as 4 lede is.
If there are 4 or less members, pages 1 and 2 only need be completed. Page 3 need only be completed if there are more than 4 members.