WILLIAM F. LEONARD RICHARD W. MORRISON C. GLENN LEONARD MICHAEL P. HAMAWAY

TELEPHONE (954) 776-3600 FAX (954) 776-3609

Fort Lauderdale Florida 33308

PLEASE REPLY TO:

POST OFFICE BOX 11025 FORT LAUDERDALE, FLORIDA 33339

OF COUNSEL: WILLIAM ROBERT LEONARD

September 8, 1998

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

Re: The Divania Collezione A Nevada corporation

800002636298--0 -09/10/98--01057--023 ****131.25 ****131.25

Gentlemen:

I am enclosing our check in the amount of \$131.25 to register the above foreign corporation to transact business in the State of Florida. The \$131.25 represents \$70.00 registration fee, \$8.75 for a certificate of status and \$52.50 for a certified copy.

I am including with this letter an original Certificate of Existence dated July 24, 1998 The transmittal letter included in your packet, and an application.

If you have any questions, please do not hesitate to contact us. Thank you.

Sincerely,

WILLIAM F. LEONARD CB

WFL/cb

Enclosures

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7/16

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: HE DIVALIA COLLEZIONE	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Fl "Certificate of Existence", and check are submitted to register the above referenced foreign corp transact business in Florida.	orida", oration to
Please return all correspondence concerning this matter to the following:	
THOWAS S. KOKKE	, .
(Name of Person)	
Vihalia Coulezale	98 17.11
1575 DELUCH Lad.	SECRETARY B SEP 10
REJON (Address) 502	AM 9: 00
(City/State/Zip)	00
	, co
Should you need to call someone concerning this matter, please call:	
HOURS KORKE at 702, 827, 1828	
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

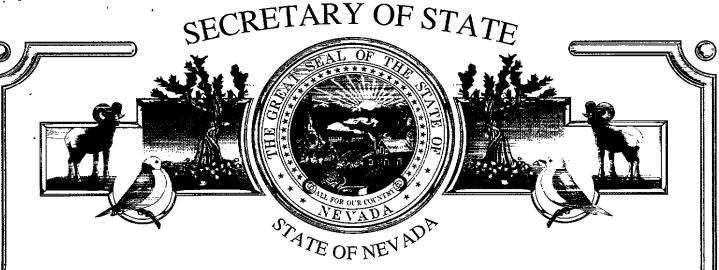
Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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.
THE DUALA COURTIONS TO
(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. NEJADA 3
(State or country under the law of which it is incorporated) (EI number, if applicable) (Date of incorporation) (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.)
GSSS N. HOWROLDE KO, SUITE 304
(Current mailing address)
Content maining address) HORESTUC AND DENGETTUDE AT DENGETTUDE AT A DENGETTUD
(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: William F. Lecology
Office Address: 475 N. FROROL HWY-
Florida, 3330 (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: ____ Address: Vice President: Address: Secretary: Address: 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 (including amendments)

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 \$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, THE DIVANIA COLLEZIONE 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 March 5, 1997 and is in good standing in this state.

I FURTHER CERTIFY, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.

By

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 24, 1998.

Secretary_of_State

Certification Clerk