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C T Corporation System		
Requestor's Name 660 East Jefferson Street		
Address Tallahassee, FL 32301		0002641009 -09/16/9801056007 ****131.25 ****131
	Phone	****131.25 ****131
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Name Avallability Document Examiner Updater Verifier Acknowledgment W.P. Verifier

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9/16/98

PLEASE RETURN EXTRA COPY(S) FILE STAMPED THANKS

JOEY

## 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.	648549 ALBERTA LTD., 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.	Canada (State or country under the law of which it is incorporated)  3. N/A (FEI number, if applicable)
4.	March 27, 1995  (Date of incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7.	4919 59TH STREET, SUITE 274, RED DEER, ALBERTA, CANADA TAN 6C9
Ω	(Current mailing address)
Ο.	To act as a general partner of PSR-Boca Associates Limited Partnership. — (Purpose(s) of corporation authorized in home state or country to be carried out in the state of PSR-Boca Associates Limited Partnership. — (Purpose(s) of corporation authorized in home state or country to be carried out in the state of PSR-Boca Associates Limited Partnership. — (Purpose(s) of corporation authorized in home state or country to be carried out in the state of PSR-Boca Associates Limited Partnership. — (Purpose(s) of corporation authorized in home state or country to be carried out in the state of PSR-Boca Associates Limited Partnership. — (Purpose(s) of corporation authorized in home state or country to be carried out in the state of PSR-Boca Associates Limited Partnership. — (Purpose(s) of corporation authorized in home state or country to be carried out in the state of PSR-Boca Associates Limited Partnership. — (Purpose(s) of corporation authorized in home state or country to be carried out in the state of PSR-Boca Associates Limited Partnership. — (PSR-Boca Associates Limited Partnership). — (P
9.	Name and street address of Florida registered agent:
	Name: C T Corporation System
	Office Address: Island Road System, 1200 South Pine
	Plantation , Florida, 33324 (Zip Code)
Ha de fui	D. Registered agent acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place asignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. If there 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 obligation of my position as registered agent.  C. T. Corporation System
	Connie Bra-

gistered agent's signature) (Officer)

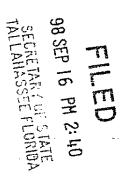
(Type Name and Title of Officer)

SPECIAL ASSISTANT SECRETARY

(FL - 2189 - 11/16/94)

- 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:

DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director: BARRY SCHWARTZ
Address: 729 UPPER LANDSDOWN
MONTREAL, QUEBEC H3Y 1J5
Director: JAMES D. RAYMOND -
Address: 1002 SHERBROOKE STREET WEST, SUITE 2600
MONTREAL, OUEBEC H3A 3L6
OFFICERS
President: BARRY SCHWARTZ
Address: 729 UPPER LANDSDOWN
MONTREAL, OUEBEC H3Y 1J5
Vice President:
Address:
Secretary:



reasurer: JAMES D. RAYMOND
Address: 1002 SHERBROOKE STREET WEST. SUITE 2600
MONTREAL, QUEBEC H3A 3L6
NOTE: If necessary, you may attach an addendum to the application listing additional officer and/or directors.  13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. James D. Raymond, Chairman, Treasurer and Director
(Typed or printed name and capacity of person signing application)

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## **CERTIFICATE OF STATUS**

Form 32

I CERTIFY THAT ACCORDING TO THE OFFICIAL RECORDS OF THE CORPORATE REGISTRY

648549 ALBERTA LTD. INCORPORATED IN ALBERTA ON 1995/03/27 IS AS OF THIS DATE A VALID AND SUBSISTING CORPORATION.

GIVEN UNDER MY SEAL OF OFFICE IN THE PROVINCE OF ALBERTA.

DATED: 1998/08/24



