Division of Corporations	
	roup incorporation.
(Name of corpor	ation - must include suffix)
Dear Sir or Madam:	0000026559807 -10/05/9801134001_
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted transact business in Florida.	*****78.75 *****78.75 for Authorization to Transact Business in Florida", to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	tter to the following:
AMI el	HIRIT 88 YES
	HILLIT SECOND SE
·	
(Firm	/Company)
16104 OPA	Company) L Creek K ND Address) 20 20 20 20 20 20 20 20 20 20 20 20 20
Weston	, FL 33331 DONNE
	/State/Zip)
Should you need to call someone concerning this m	atter, please call:
AMI SHIRIT at (5	161, 289 405/ OF 9542170507
	rea Code & Daytime Telephone Number)
	•
STREET ADDRESS:	MAILING ADDRESS:
Qualification/Tax Lien Section	Qualification/Tax Lien Section
Division of Corporations	Division of Corporations

409 E. Gaines St.

Tallahassee, FL 32399

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

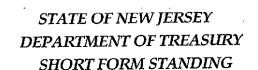
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. KARAVEL Group IVC - (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
Oleman of competition; must include the word "INCORPOR ATED" "COMPANY" "CORPOR ATION" 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. NEW Jersey 3. 203 45 7968 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, it applicable)
4. Oct 10 1993 5. Perpetual. (Date of incorporation) Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6 UNALIFICATION!
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 7112 N.W. 50th st.
7. 7112 N.W. 50th st. 33166
(Current mailing address)
8. Export IMport—MARKeting trucking (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: AMI SHIRIT
Office Address: 16104 OPAL CYCLK Dr.
Name: AMI SHIRIT Office Address: 16104 OPAL CYCLK DY. WESTON, AM., Florida, 33331 (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.
\sim
(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	t address ONLY - P.O. Box NOT acceptal	ole)
A. DIRECTORS (Street address only - P.O. Box NOT acc	ceptable)	
Chairman: ANI SHIRIT		
Address: 16104 OPAL	Creek or	
Address:	r 22221	
wes to N	FL 33331	<u></u>
Vice Chairman:		
Address:		
Director:	-	
		·
Address:		
		WS SEC
Director:		
Address:		S TATE
		AM S
B. OFFICERS (Street address only - P.O. Box NOT	acceptable)	STATI RATII
President:		5 10 No.
Address:		
7 tau 035.	·	
· · · · · · · · · · · · · · · · · · ·		
Vice President:	- Anna	
Address:		
Secretary:		
Address:		
AMILOS.		*
Treasurer:		-
Address:		
NOTE: If necessary, you may attach an addendum to the ap	polication listing additional officers and/or	directors
/ < #	Anorgan manif appropriate attracts and at	
13. (Signature of Chairman, Vice Chairman, or	any officer listed in number 12 of the app	lication)
14. AHI SHIRIT		

(Typed or printed name and capacity of person signing application)



KARAVEL GROUP INC

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 10, 1993.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

1997

I further certify that the registered agent and registered office are:

Ami Shirit Pear Tree Plaza 289 Route 33 Manalapan, NJ 07726

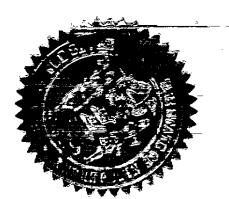
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STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

KARAVEL GROUP INC



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of September, 1998

Jones le Di Electrico Je.

James A DiEleuterio, Jr.
Treasurer

98 OCT -5 AM