F9800060606306

To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: HIGHUGHTS (Name of corporati	CIGHTING, TNC. on - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to transact business in Florida.	Authorization to Transact Business in Florid register the above referenced foreign corporate	la", tion to
Please return all correspondence concerning this matter	or to the following: 50002588	
LOPI THO	-11/16/980 	*****70.00
- HIGHLIGHTS (ighting, inc	
(Firm/C	ompany)	
1515 Park Ron	ა	
(Add	dress)	
1515 Park Ron (Ad Venice, CA	- 90291	98 V.d
(City/S	- 90291 tate/Zip)	SECRETON NOV
Should you need to call someone concerning this matter	ter, please call:	
LORI THOUSEN at (310	399-820	
(Name of Person) (Are	ea Code & Daytime Telephone Number)	, <u>*</u>
,		mtr
		111
STREET ADDRESS:	MAILING ADDRESS:	4/17
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327	

Tallahassee, FL 32314

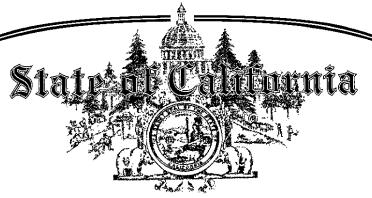
Tallahassee, FL 32399

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITA REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	TED TO
1. (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. ColoforMa (State or country under the law of which it is incorporated) 3. QS-463563 (FEI number, if applicable)	78
4. July 18 1995 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpe	
6. Expect to open Lo (19/98 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	9
7. 1515 Park Pour, Venice CA 90291	VSE CRET
(Current mailing address)	
8. Opening to New Cocation of Petail Store Ch (Purpose(s) of comparation authorized in home state or country to be carried out in state of Florida)	OF STATE
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	'A
Name: Carlos Valdes	
Office Address: 180 NE 39th St. #109	
Milami, Florida, 33137 (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 in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furt comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I a and accept the obligations of my position as registered agent. (Registered agent's signature)	ther agree to

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. DIREC	TORS (Street address only - P.O. Box NOT acceptable)			
Chairman:				
Address:				
_		,		-
Vice Chair	nan:			-
Address:				
_				
Director: _		<u></u>		-
Address: _				_
	· -			
Director: _				-
Address: _				-
_				
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)		<u>9</u>	
President:	LORI THOMSEN	98 N	Vise	
_	11738 Manfield Ave #111	NO.		
Address: _	•	-6		-
_	Los Angeles, CA 90049	70 0	<u> </u>	-
Vice Presid	ent: RONALD Rezek	ċċ	87 <u>7</u>	_
Address: _	4200 Sepulveda Blkd.	$\overline{\omega}$	ONS ONS	
	Culver City CA-90230			
_				-
Secretary:	Spine BS V. Pres.			-
Address: _				
_	Same AS Pres.			
Treasurer:	Same Ag Ples.			-
Address: _				_
NICTE: Y	mentally an additional to the application listing additional officers and/or director			•
MOTE: Î	necessary, you may attach an addendum to the application listing additional officers and/or directo	15.		
13	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	<u> </u>	 	-
		,		
14	(Typed or printed name and capacity of person signing application)			_
	/-/* t			



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES,	Secretary of State of the	State of California, hereby certify:—				
That on tha	17th day	July	19 <u>95</u>			
inai on the .	auy		, 10			
HIGHLIGHTS LIGHTING, INC.						

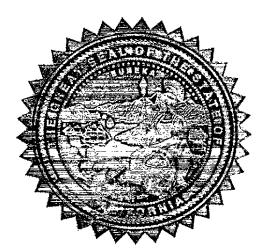
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

November 4, 1998

Billyons

Secretary of State