

# F9 80000006664

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Jeunomed International, Corp.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

600002697416--6  
-11/30/98--01060--004  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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.

Please return all correspondence concerning this matter to the following:

W98-26721

J. Baxas  
(Name of Person)

Jeunomed International, Corp.  
(Firm/Company)

50 W Madhala Dr. #3  
(Address)

Key Biscayne, FL 33149  
(City/State/Zip)

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

J. Baxas at 305, 361-6755  
(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

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98 DEC -8 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 30, 1998

J. BAXAS  
JEUNOMED INTERNATIONAL, CORP.  
50 W. MASHTA DR. #3  
KEY BISCAYNE, FL 33149

SUBJECT: JEUNOMED INTERNATIONAL, CORP.  
Ref. Number: W98000026721

We have received your document for JEUNOMED INTERNATIONAL, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 098A00056725

**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. Jeunomed International Corp.  
(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. ~~Dade~~ BAHAMAS 3. none  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 4, 1997 5. none perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. none Upon qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 50 W Haskita Dr. #3  
Key Biscayne, FL 33149  
(Current mailing address)

8. business with health supplements  
(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: J. Baxas

Office Address: 50 W Haskita Dr. #3  
Key Biscayne, FL ~~33149~~, Florida, 33149  
(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.*

J. Baxas  
(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.

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TALLAHASSEE FLORIDA

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: n/a

Address: \_\_\_\_\_

Vice Chairman: n/a

Address: \_\_\_\_\_

Director: Jacqueline Baxas

Address: 50 W Mashta Dr. #3

Key Biscayne, FL 33149

Director: Adelheid Baxas

Address: 1121 Crandon Blvd. F 1003

Key Biscayne, FL 33149

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

President: Jacqueline Baxas

Address: same

Vice President: Adelheid Baxas

Address: same

Secretary: ~~Adelheid Baxas~~ Jacqueline Baxas

Address: same

Treasurer: n/a

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

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

14. Jacqueline Baxas

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

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IBC 08

**COMMONWEALTH OF THE BAHAMAS**  
**THE INTERNATIONAL BUSINESS COMPANIES ACT 1989**  
**(No. 2 of 1990)**

**CERTIFICATE OF GOOD STANDING** (Section 11)

No. 59,019 B JEUNOMED INTERNATIONAL, CORP.

I, **CEDRIC F. MOXEY** ..... **ASST.**, Registrar General of the Commonwealth of The Bahamas DO HEREBY CERTIFY:

1. The above Company was duly (incorporated) (~~continued~~) under the provision of the International Business Companies Act 1989(No. 2 of 1990) on the **4TH** day of **JUNE** 19**97** as a Company No. **59,019B** of the Register of International Business Companies.
2. The name of the Company is still on the Register of the International Business Companies and the Company has paid all fees, licence fees and penalties due and payable under the provisions of Sections **102** and **103** of the said Act.
3. The Company has not submitted to me Articles of Merger or Consolidation that have not yet been effective.
4. The Company has not submitted to me Articles of Arrangement that has not yet become effective.
5. The Company is not in the process of being wound up and dissolved.
6. No proceedings have been instituted to strike the name of the Company off the said Register.
7. In so far as is evidenced by the documents filed with me the Company is in good legal standing.

Given under my hand and seal at Nassau  
in the Commonwealth of The Bahamas  
this **11TH** day of **NOVEMBER**  
19**98**

*Cedric F. Moxey*  
.....  
**ASST., REGISTRAR GENERAL**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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