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TRANSMITTAL LETTER

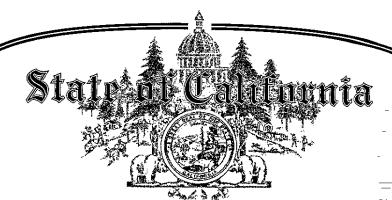
To: Qualification/Tax Lie Division of Corporat	en Section			
3 A	lospot ()SA Inc		-
· ·	(Name of corpo	oration - must include suffix)		
Dear Sir or Madam:		,		
The enclosed "Application by "Certificate of Existence", and to transact business in Florida	Foreign Corporation defects are submitted.	n for Authorization to Transact I to register the above referen	et Business in Flori aced foreign corpora	da", ation
Please return all corresponden	ce concerning this m	atter to the following:	<u>-</u> :5	
	(Nam	e of Person)		
	Mic	ROSPOT USK	INC	· <u></u>
* ,	*Λ ~ / ·Λ	(Company)	·	
		address)	3422	
	(City)	/State/Zip)	040	
	(j .			· Orana m
Should you need to call someon	ne concerning this ma	atter, please call:	.00 <u>0</u> 279 -03/05/99 8*****	-01076004 0 *****87.50
(Name of Person)	at (<u>0</u>		76 =	-
(Ivaine of Person)	(Are	ea Code & Daytime Telephon	e Number)	9
STREET ADDRESS:		MATTER	. . .	JIVSEGNE FILL
		MAILING ADDRESS:	4-1/2	의 음 본
Qualification/Tax Lien Section Division of Corporations	-	Qualification/Tax Lien S	ection =	345 345
409 E. Gaines St.		Division of Corporations P.O. Box 6327	- 	
Tallahassee, FL 32399		Tallahassee, FL 32314		Š g™
Enclosed is a check for the follo	wing amount:			
☐ \$70.00 Filing Fee ☐ \$78 Cei	.75 Filing Fee & rtificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee Certificate of St.	e, atus &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
1. MICROSPOT ()SA TING
(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. CALIFORN (A (State or country under the law of which it is incorporated) 3. 77-0290426 (FEI number, if applicable)
4916191
6. 9/10/99 (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.)
7. 1796 COSTA DEL DOL
Baca Ration, FL 33UBD (Current mailing address)
8. SALES & SOFTWARE DISTRIBUTION & HAGWARE COMPUTER PLATS, (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: WAUL L. BAGTOCT
Office Address: 1756 COSTA DEL SOL BOCARATOD Florida 33432
(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 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: KOBERT COULING	· 一		4.
Address: 5-11 LONDON RD	_		
MAIDSTONE KENT ME 1684R	ENGLAUD		
Vice Chairman:	=		<u>.</u>
Address:	<u> </u>	5	
Director:	<u> </u>		
Address:	<u>: - : : : </u>	5— <u>a</u>	
	, t i ==		
Director:			.
Address:		* 5	-
	· == - ·		
B. OFFICERS (Street address only - P.O. Box NOT acceptable)			
President: KAUL BAGIOU			-
Address: 1956 COSTA JEL SOL			, ,
BOCA LATON FL 33432			
^ · ~			· * 2
Address: 1756 COSTA DEL SOL	<u> </u>		
BOCK LATON FL 33432			
Secretary:	=		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address:			
			=,
reasurer:			-
Address:			<u>.</u> .
		<u> </u>	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.		
3. (Signature of Chairman, Vice Chairman, or any officer listed in number 12			-
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the LUZ A R∈y∈S	of the application)		
(Typed or printed name and capacity of person signing ap	plication)		*-



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the ____ __ day of ____

September

MICROSPOT USA, INC.

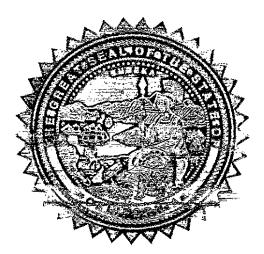
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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, Texecute this certificate and affix the Great Seal of the State of California this day of

February 25, 1999

Secretary of State