To: Qualification/Tax Lien Section Division of Corporations SUBJECT: CALIFORNIA COAST TRAVEL BUREAU TWO (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", D "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:

EDGAR STUBBS

(Name of Person)

PROFESSIONAL TRAVEL NETWORK

(Firm/Company)

(O2-11 WEST SAMPLE RD. # 215

(Address)

(City/State/Zip)

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

700002844607---1 -04/20/99--01027--002 *****78,75 *****78,75

(Name of Person) at (954) 227-0000 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

\$78.75 Filing Fee & Certificate of Status

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

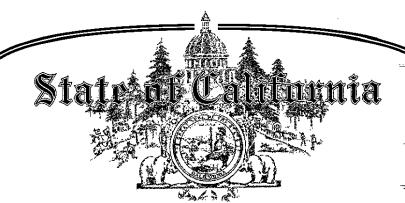
☐ \$78.75 Filing Fee & Certified Copy

S87.50 Filing Fee, Certificate of Status & Certified Copy

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. CALIFORNIA COAST TRAVEL BUREAU, 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. CALIFORNIA 3. 95-32[8766] (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 16 FEBRUARY 1978 5. PERPETUAL	.: ,
6. UPON RAROVAL (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. 11222 S. LA CIENEGA BLVD. STITE 459 INGLEWOOD, CALIFORNIA 90304 1104	
INGLEWOOD, CALIFORNIA 90304-1104	
(Current mailing address)	
8. TRAVEL AGENCY	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	g Sive
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	
Name: EDGAR STUBBS	\$ 9 2 7
Office Address: 10211 WEST SAMPLE ROAD, # 215	
	. ≥20
CORAL SPRINGS, FL., Florida, 33065 (Zip code)	ATION
CORAL SPRINGS, FL., Florida, 33065 (Zip code) 10. Registered agent's acceptance:	ATIONS
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 designath this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a	ply
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 designathis application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent.	ply
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 designath this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comwith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a	ply

a. DIRECTORS (Street address only - P.O. Box NOT accept	table)	
Chairman:	- Andrew Committee Committ	
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ice Chairman:		
ddress:		3A**
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Director:		17
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Address;	· · · · · · · · · · · · · · · · · · ·	- B
3. OFFICERS (Street address only - P.O. Box NOT acc	contable)	R SEE
	-	2 349
resident: JOSEFINA LIOPEZ		6 35 00 00 00 00 00 00 00 00 00 00 00 00 00
address: 6709 YELLOWSTONE	: UANE	=======================================
PARKLAND, FLOR	1DA 33061	
ice President:EDGAR STUB	6 b S	
ddress: 6709 YELLOWSTON	DE LANE -: 3	
_	FLORIDA 33067	
ecretary:		· · · · · · · · · · · · · · · · · · ·
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IOTE: 15 2	1.4. 1.3. 1.00	
OTE: If necessary, you may attach an addendum to the applic	ation usung additional officers and/or directo	.
3. (Signature of Chairman, Vice Chairman, or any	officer listed in number 12 of the application)
	- VICE PRESIDE	
	apacity of person signing application)	<u> </u>



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

CALIFORNIA COAST TRAVEL BUREAU, 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

April 6, 1999

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Secretary of State