F99000002213

TRANSMITTAL LETTER

То:	Qualification/Tax Lien Section Division of Corporations						·				
SUBJ	ECT:	1300/	K Net	170 copp		- Table 1		-			
			77	tion - must include suffi	ix)						
Dear S	ir or Madam:										
"Certif	aclosed "Applica ficate of Existend of business in Flo	ce", and check ar	Corporation for e submitted to	or Authorization to Tran register the above refer	sact Bu renced f	siness in l foreign co	Florida" rporatio	n to			
Please	return all corres	pondence concer	ning this matt	er to the following:							
Roberta Cheschier						WE ALL	99 A				
				of Person)	<u></u>		APR 29				
		BOOK	Net 1	TD.		- 03 032 171	•				
			(Firm/C	Company)	-·	$=-\frac{\omega}{\Omega}c$	3				
	_3	741 NE	\$63 rd =	3+ [#] /01			WIII.				
			(Ad	dress)		DA					
	N	. Miami	Beach	<u>n Fl. 33/L</u> tate/Zip)	eD_	<u>.</u>					
			(City/S		nno			1 ===			
Should	you need to call	someone concer	ning this matt	_)4/29/93 ***315.		5700 ****78	11 1.75		
K	Boberta C	ho-shur	at (<i>188</i> 8)) 876-233							
	(Name of Pers	on)	(Are	a Code & Daytime Tele	phone l	Number)					
STREE	ET ADDRESS:			MAILING ADDRE	SS:	노 .	-				
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Fallahassee, FL 32399				Qualification/Tax Lie Division of Corporat P.O. Box 6327 Tallahassee, FL 323	porations $\frac{1}{\sqrt{2^{9}/9^{9}}}$						
Enclose	ed is a check for	the following am	ount:								
J \$70.	00 Filing Fee	S78.75 Filin Certificate		3 \$78.75 Filing Fee & Certified Copy	•	87.50 Fill Certificate Certified	e of Stat		-		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 6 7.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.								
1 BOOK NO + LTD CORD-								
(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. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)								
(State or country under the law of which it is incorporated) (FEI number, if applicable)								
4. 4/28/99 5. 11 Per De Hall (Duration: Year corp. will cease to exist or "perpetual")								
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")								
6. Upon Qualifucations (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)								
7. 409 W. Hallandale Brach Blud Suite 206								
Hallandale, Fl. 33009								
(Current mailing address)								
8. Cund Raising Aids Dieventon Ant-Drug etc (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: Roberta Chesher								
Office Address: 3741 N.E. 163 st. #108								
N. Miani Beach, Florida, 33/60 (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.								
(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.								

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:	
Address:	
	. ب
Vice Chairman:	THE REPORT
Address:	200
	SAC E O
Director: Roberta Cheshur	= TS
Address: 3747 N. E. 163 st. #101	- Sm
N. Miami Beach Fl. 33/60	
•	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Rosalyn Havertape	7
Address: 1231 5. Buena Vista Blud. Se	wite H. Dan Sacinto
Ca. 92583.	
Vice President:	
Address:	-
Secretary: Rosalyn Havertape	
Address: 1231 S. Buena Vista Blud Suit +	/
son Jacinto Ca. 92583	<u> </u>
Treasurer:	=
Address:	
NOTE: IS	-
NOTE: If necessary, you may attach an addendum to the application listing additional of	fficers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number	12 of the application)
14. Roberta Choshier Rs. Direc	tor *
(Typed or printed name and capacity of person signing	application)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOOK NET LTD." IS DULY INCORPORATED

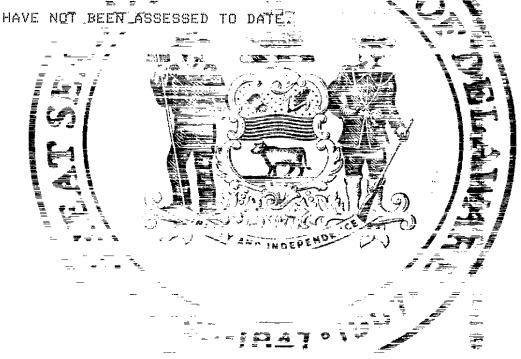
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING.

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF AFRIL, A.D.

1999.

AND L DO HEREBY FURTHER CERTIFY THAT THE ERANCHISE TAXES



Edward J. Freel, Secretary of State 715805

AUTHENTICATION:

⁻ 04-29-99

DATE:

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