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W.P. Verifier

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN	THE STATE OF FLORIDA
, KALON & CO. (U.S.H.) LTD. C'or	ρ. Ξ
(Name of corporation: must include the word "INCORPORATED", words or abbreviations of like import in language as will clearly indicate natural person or partnership if not so contained in the name at present	ate that it is a corporation instead of a
2. DELHWARE (State or country under the law of which it is incorporated) 3	43-1701861 (FEI number, if applicable)
4. DECEMBER 18, 1991 5. PER (Date of incorporation) (Duration: Y	ear corp. will cease to exist or "perpetual")
6. (Date first transacted business in Florida. (SHE SECTIONS 607	=
- 92 CHURCH STREET SOUTH SUITE IDS	7
7. 92 CHURCH STREET SOUTH SUITE 108 AJAX, ONTARIO, CANASA LIS (Current mailing add)	/ FU
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8 1102N 1 TOK T (NAN CITE SYSTE/Y) S	CONSULTING FE 9
8. AGENT FOR FINANCIAL SYSTEMS (Purpose(s) of corporation authorized in home state or country	CONSULTING 5 to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box	or Mail Drop Box NOT acceptable
(Purpose(s) of corporation authorized in home state or country	or Mail Drop Box NOT acceptable
(Purpose(s) of corporation authorized in home state or country 9. Name and street address of Florida registered agent: (P.O. Box	to be carried out in the state of Florida)
(Purpose(s) of corporation authorized in home state or country 9. Name and street address of Florida registered agent: (P.O. Box Name: <u>C T CORPORATION SYSTEM</u>	or Mail Drop Box NOT acceptable) FLORIGO ORIGINATION TO THE STATE OF FLORIGO ORIGINATION TO THE STATE OF T
(Purpose(s) of corporation authorized in home state or country 9. Name and street address of Florida registered agent: (P.O. Box Name: C T CORPORATION SYSTEM Office Address: 1200 South Pine Island Road	or Mail Drop Box NOT acceptable) Signal Control of Florida (1988) Or Mail Drop Box NOT acceptable (1988) Or Mail Drop Box NOT acceptable (1988) Or Mail Drop Box NOT acceptable (1988)
(Purpose(s) of corporation authorized in home state or country 9. Name and street address of Florida registered agent: (P.O. Box Name: <u>C T CORPORATION SYSTEM</u> Office Address: <u>1200 South Pine Island Road</u> Plantation , Florida,	to be carried out in the state of Florida) or Mail Drop Box NOT acceptable) ORDING 33324 (Zip code) the above stated corporation at the place designated agree to act in this capacity. I further agree to
(Purpose(s) of corporation authorized in home state or country 9. Name and street address of Florida registered agent: (P.O. Box Name: C T CORPORATION SYSTEM Office Address: 1200 South Pine Island Road Plantation , Florida, 10. Registered agent acceptance: Having been named as registered agent and to accept service of process for in this application. I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proper and complet and accept the obligation of my position as registered agent. C T CORPORATION SYSTEM	to be carried out in the state of Florida) or Mail Drop Box NOT acceptable) OR A CONTROL OF THE CONTROL OF TH
(Purpose(s) of corporation authorized in home state or country 9. Name and street address of Florida registered agent: (P.O. Box Name: C_T_CORPORATION_SYSTEM Office Address: 1200 South Pine Island Road Plantation , Florida, 10. Registered agent acceptance: Having been named as registered agent and to accept service of process for in this application. I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proper and complete	to be carried out in the state of Florida) or Mail Drop Box NOT acceptable) OR A CONTROL OF THE CONTROL OF TH

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Bo	x NOT	acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	<u> </u>	
Address:		
Vice Chairman:	<u> </u>	
Address:		
Director: KAREN MCMENEMY	_	-
Address: 5555 NORTH OCEAN BLVD UNIT 43		
FT LAUDERDALE BO. FLORIDA 33308	<u>- 1</u>	
Director:		75 99
Address:	771	FC T
		13 T
B. OFFICERS (Street address only - P.O. Box NOT acceptable)		The B
President: KAREN MCMENEMY		S 33
Address: 5555 NORTH OCEAN BLVD UNIT 43	~`uu, -	SATE OF
FT LAUDERDALE, FLORIDA 33308	<u></u>	· · · · · · · · · · · · · · · · · · ·
Vice President: LONNIE ELLIS	=	
Address: 1800 PINEBROUE AVENUE		
PICKERING ONTARIO CANADA LIVIKO	<u>-</u> 	
Secretary: KIT THOMASON	=	
Address: 787 MILLBANK ROAD	- =:	
PICKERING ONTARIO CANADA LIV 366	<u></u> .	-
Treasurer: DARLENE BLAZINA		
Address: 1240 MAPLE RIDGE DRIVE		
PICKERING ONTARIO CANADA LIXIAS		
NOTE: If nécessary, you may attach an addendum to the application listing additional	officers	and/or directors.
13. (Signature of Chairman, Vise-Chairman, or any officer listed in number	12_ōf t	the application)

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

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KALON & CO. (U.S.A.) 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 APRIL, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AUTHENTICATION:

991168433

2282216 8300

DATE:

-04-29-99