99000003080

TRANSMIT	TAL LETTER
To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: KANSO	ISTRIBUTION INC.
(Name of corpo	ration - must include suffix)
Dear Sir or Madam:	900002901379
Dear Sir or Madam:	-06/11/9901017004
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted transact business in Florida.	******70.00 ******70.00 for Authorization to Transact Business in Florida", to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
James La	HAMBERS
(Nam	te of Person)
KAUCO DIO	RIBUTION INC
	$\frac{(784776N)}{(2000)}$
JAS BEVILL	R Rd. # 107
$C \cap A$	Address)
J. WAYTONA	FL- 32119
(City	/State/Zip)
01 11	$\frac{\omega}{\omega}$
Should you need to call someone concerning this m	atter, please call:
(Name of Person) at (90	4) 760 - 7346 (c) 160 - 7346 (c) 160 - 7346
	and the state of t
STREET ADDRESS:	MAILING ADDRESS:
qualification/Tax Lien Section	Opplification many triangle
Division of Corporations	Qualification/Tax Lien Section Division of Corporations
09 E. Gaines St. 'allahassee, FL 32399	P.O. Box 6327
	Tallahassee, FL 32314
nclosed is a check for the following amount:	
\$70.00 Filing Fee	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status &

Certified Copy

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. KANSO WISTRIBUTION 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. DELAWARE 3 APPLIED FOR
2. State or country under the law of which it is incorporated) 3. APPLIED FOR (FEI number, if applicable)
4. May 11. 1899
4. Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6 /// / / / / / / / / / / / / / / / / /
6(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
1 (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 345 BEUILLE Rd. # 107 =
(Current mailing address)
(Current mailing address)
8
(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: JAMES PHAMBERS
Office Address: 345 BEVILLE Rd. #107
S. DAYTUNA FL. 32119, Florida, 32119
(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 projected designated
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.

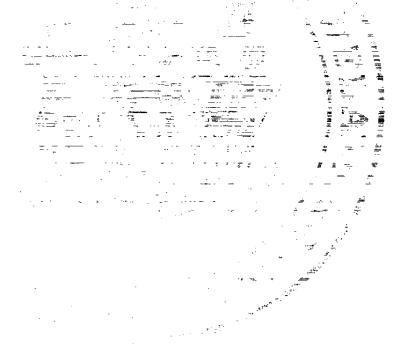
of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street add	ress ONLY - P.O. Box NOT acce	ptable)			
A. DIRECTORS (Street address only - P.O. Box NOT accepta		•			_
Chairman:					
Address:					
Vice Chairman:				····	
Address:					
			-		<u>. ب</u>
Address: 345 BEVILLE 20	<u> 4107</u>				- T-
Address: 345 BEVILLE RD. S. DAYTONA FL. 32	119		<u> </u>		===
Director:				<u> </u>	
Address:			99	<u> </u>	\$. **
			=======================================	· 기기	1.
B. OFFICERS (Street address only - P.O. Box NOT accept	table)			-< <u>F</u>	
President:	<u> </u>		12.30 27.33	.v	
Address:			<u>:</u>		
				<u>,</u>	
Vice President:		<u>:</u> :			-
Address:		. 'sur _	:		
_	and the same and the	<u> </u>		<u> </u>	+ =
Address:			-		
				-	
Treasurer:				<u>.</u>	*
Address:				<u> </u>	- 2
	5,				·····
NOTE: If necessary, you may attach an addendum to the application	on listing additional officers and/o	or directors	•		
3 hand		•	-		
(Signature of Chairman, Vice Chairman, or any off					
4. AMES (HAM	TREAS, XILECT	on.			-

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KANSO DISTRIBUTION INC." 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 FIRST DAY OF JUNE, A.D. 1999.

AND 4 DO HEREBY FURTHER CERTIFY THAT THE TRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE:





Edward J. Freel, Secretary of State

AUTHENTICATION:

9776477

991217084

DATE:

06-01-99

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