Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

(305)599-0839 Fax Number (305)716-0346

FOREIGN PROFIT QUALIFICATION

ANTIGUA, S.A. OF BROWARD INC.

Certificate of Status	
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 11, 1999

JIMMY MCNUTT

SUBJECT: ANTIGUA, S.A.

REF: W99000018624

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florids. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

FAX Aud. #: E99000019975 Letter Number: 299A00040606

H99000019975 4

ANTIGUA S.A.

RESOLUTION OF THE SOLE DIRECTOR

In accordance with the provisions of Article 88 of the Articles of Association of

ANTIGUA S.A. It is hereby:

RESOLVED that the Company do adopt the name "ANTIGUA S.A. OF BROWARD INC." as its alternative name for use in the State of Florida.

Dated the Twenty-seventh day of August, 1999.

Jimmy McNutt

which it is incorporated.

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.		
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "C	ORPORATION" or
	words of appreviations of like import in language as will clearly indicate that it is a com-	poration instead of a
	natural person or partnership if not so contained in the name at present.)	
	-	
2.	3, **** *******************************	OR
	(State or country under the law of which it is incorporated) (FEI number of the law of which it is incorporated)	mber, if applicable)
4.	NOVEMBER 1st, 1996 5 PERPETUAL	-
	(Date of incorporation) (Duration: Year corp. will co	ease to exist or "perpetual")
6	1999 August	
٠,	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502	and 217 155 BC1
		O ::: (A
7.	HALSBURY HOUSE SHIRLEY STREET & BUEN RETIRO ROA	<u> </u>
	P.O. BOX N-7123, NASSAU, BAHAMAS	₩ 11 1
	(Current mailing address)	9 - !=
		the state of the s
8.	REAL ESTATE INVESTMENT COMPANY	Sec. 20
	(Purpose(s) of corporation authorized in home state or country to be carried out in	state of Florida)
ń		, and the state of
7.	Name and street address of Florida registered agent: (P.O. Box or Mail Dro	p Box NOT acceptable)
	Name: JUAN FIGUEROA	
	COAL COURT TO THE COAL COAL COAL COAL COAL COAL COAL COAL	
Of	ffice Address: 2701 SOUTH LEJEUNE ROAD, #310	
	CODAT CARTER.	
	CORAL GABLES. Florida, 3313	
	(Zip code	·)
10.	Registered agent's acceptance:	
Ha	wing been named as registered agent and to accept service of process for the above states anniversity.	ed corporation at the place designate—in
+1+63	> approximate 4 instruct accept the accountment at registered agent and home to anti-, if	in according I function where the
the	th the provisions of all statutes relative to the proper and complete performance of my described and the complete performance of my described agent.	uties, and I am familiar with and a cept
	Mich A M	
	- Thomas I man	
	(Registered agent's signature) President	
II. Dec	Attached is a certificate of existence duly authenticated, not more than 90 days prior to constitute of State, by the Spectage of Spectage of State, by the Spectage of	lelivery of this application to the

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) H990000 MAYS MENUTT CALZADA SANTA LUCIA MODERNIA CALZADA CALZADA CALZADA SANTA LUCIA MODERNIA CALZADA CALZADA

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

H99000019975 4

A. DIREC	TORS (Street address only - P.O. Box NO1 acceptable)		
Chairman: ,	JIMMY MCNUTT		
Address:	CALZADA SANTA LUCIA NORTE #8		.,,
<u> </u>	GUATEMALA, ANTIGUA GUATEMALA C.A.		
Vice Chairn	oan:		. **-
Address:			
_			
Director:	JIMMY MCNUTT		
	CALZADA SANTA LUCIA NORTE #8		
	GUATEMALA, ANTIGUA GUATEMALA C.A."		
	· · · · · · · · · · · · · · · · · · ·		
		- 53	200
Address: _			
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	<u> </u>	
	JIMMY MCNUTT		ím Spo
_		ćΣ	3
	CALZADA SANTA LUCIA NORTE #8	ယ	
_	GUATEMALA, ANTIGUA GUATEMALA C.A.		
Vice Preside	ent:		
_			 .
Secretary: _	·		
Address:		_	<u>,</u>
_			
Treasurer:		·	
Address:			
_			
NOTE: 16	decession, you may attach an addendum to the application listing additional officers and/or directors.		
	CANN II		
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. <u>JIM</u>	MY MONUTE CHAIRMAN/DIRECTOR/PRESIDENT		· · · · · · · · · · · · · · · · · · ·
	(Typed or printed name and capacity of person signing application)		