PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| 1 | RPORATION NSTATEMENT | | Ka Sec | EPARTMENT Of the the control of the corporation of | | 0 | | LED 25 PM 1: 32 | " 2 |
|---|--|----------------------|---|---|-----------------|--|--------------------------|--------------------------|-----------------|
| DOCUMENT # P98000075845 1. Corporation Name | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| Brai | ndon Importin | ng Company | , | | | | ! | ı : | • |
| 2. Principal Office Address 3. 'Mailing | | | | Address | - | • | i | | |
| 2001 | | | | lue Heron B | | | | MK | |
| Suite, Apt. #, etc. Suite, Apt | | | | | | | | | 441 |
| City & State City & State | | | | | | 4. Date incorporated or Qualified To Do Business in Florids 08/31/98 | | | |
| | | | | ra Beach, FL | | 5. FEI Number | | . 00/31/30 | Applied For |
| Zip . | Country | | Zip | Country | | 65-086-004 | <u> </u> | | Not Applicable |
| 33404 | U.S.A | | 33404 | U.S.A. | | G. CERTIFICATE OF S | TATUS DESI | ED S8.75 Addit | onal Fee requir |
| Signature of Registered : | Street Address (P.O. 4521 PG Suite. Apt. #, Etc. City Palm Be appointed the registered | ach Garde | ons Enterpronance Acceptable) rd, #211 ns, enamed corporation Buana | MUST SIGN | accupt the ob | Sta F | -02/01 ****3 L 332 | ada 18 | |
| Titles | Name of Officers and/or Directors | | | Street Add Officer and | | | City / State / Zip | | |
| P, D | Nicole Brand | don | 14 | 50 Enclave | Circle | Wes | t Palm | Beach FL | 33411 |
| | | | | | | | 1 | | |
| | | | | | | | | | |
| D. I certify t | that I am an officer or direction of the color of the col | ector or the recolve | r or trustee empower | od to execute this app | ilcation as pro | vided for in chapter 60 | or 617, F.\$ | . I further certify that | when filing |

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

x 1.18.2000