

F 96000006780
TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: S A Master Style, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Roger A. Spaulding
(Name of Person)

AIA Tax & Bookkeeping, Inc.
(Firm/Company)

55 Longwood Drive
(Address)

Ormond Beach, Florida 32176
(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

Roger A. Spaulding at (904) 441-6726
(Name of Person) (Area Code & Daytime Telephone Number)

Fee Enclosed Fl. Dept of State 70.00

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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. S. A. Master Style, 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. New York
(State or country under the law of which it is incorporated)
3. 11-3305024
(FBI number, if applicable)
4. February 13, 1996
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. No business transacted in Florida as of this date.
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 3 Hibiscus Drive, Ormond Beach, Florida 32176
(Current mailing address)

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8. Auto Sales- Whole Sale Dealer
(Purpose(s) of corporation authorized in home state or country 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)

Name: Andrus Saviir

Office Address: 3 Hibiscus Drive

Ormond Beach, Florida, 32176
(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.

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: Andrus Saviir

Address: 3 Hibiscus Drive, Ormond Beach, Florida 32176

Vice Chairman: Vladimir Kaminsky

Address: 2025 81st Suite 3B
Brooklyn, N.Y. 11214

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Andrus Saviir

Address: 3 Hibiscus Drive, Ormond Beach, Fl. 32176

Vice President: _____

Address: _____

Secretary: Vladimir Kaminsky

Address: 2025 81st Suite 3B
Brooklyn, N. Y. 11214

Treasurer: Andrus Saviir

Address: 3 Hibiscus Drive, Ormond Beach, Fl. 32176

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

✓ 12. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Andrus Saviir, President
(Typed or printed name and capacity of person signing application)

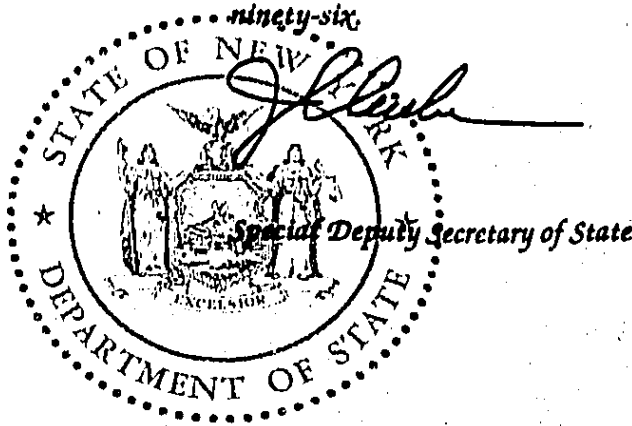
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State of New York | **ss:**
Department of State

I hereby certify, that the certificate of incorporation of B.A. MASTER STYLE, INC. was filed on 02/13/1996, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 29th day of November
one thousand nine hundred and

ninety-six



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