795000014937

Requestor's Namel (Address) (City, State, Zip)	-telotti ma Ave. 33178	OFFICE USE ONLY	7'00000 -02/14/95 ****122.50	•
	(S) & DOCUMENT NUMBI	ER(S) (if known):		SECRETARY OF STATE ON SISION OF CORPORATION 95 FEB 22 PH 2: 23
1. (Carparasan	Name)	(Document #)		To
2. (Corporation	Numat	(Document #)	······································	
3.		(Document *)		
(Corporation	Namo)	(Document #)		
4. (Corporation	Namo)	(Document #)		
	up time	Certified Copy		
Mail out Wil	I wait Photocopy	Certificate of Status		
NEW FILINGS	AMENDMENTS			
Profit	Amendment		*	
NonProfit	Resignation of R.A., Officer/D	Director		
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger		_	•
OTHER FILINGS	REGISTRATION	W9	5.3464	

QUALIFICATION

Limited Partnership

Reinstatement Trademark

Foreign

Other

619, GIS

2-15 Examiner's Initials

CR2E031(10/92)

Annual Report

Fictitious Name

Name Reservation



February 15, 1995

PAULO MARTELOTTI 3704 ESTEPONA AVENUE MIAMI, FL 33178

SUBJECT: MM BUSINESS CORPORATION

Ref. Number: W95000003464

We have received your document for MM BUSINESS CORPORATION and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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 (904) 487-6915.

Letter Number: 095A00006741

Kevin Nickens Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

95 FEB 22 PH 2: 24

ARTICLES OF INCORPORATION OF MM BUSINESS CORFORATION

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

Article I, Name
The name of the corporation shall be:
MM Business Corporation.

Article II, Principal Office

The principal place of business and mailing address of this corporation shall be:

3704 Estepona Avenue, Miami, Fl., 33178.

Article III, Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares with \$1.00 Par Value.

Article IV, Initial Registered Agent and Street Address The name and address of the initial registered agent is: Paulo Martelotti 3704 Estepona Avenue, Miami, Fl., 33178.

Article V, Incorporator.

The name and address of the incorporator to these Articles of Incorporation is:

1) Codene, Companhia de Desenvolvimento de Negócios, Ltda. Rua Hungria 664 Cj. 72, São Paulo, SP., Brazil. Represented by Paulo Martelotti - ΙΝΕΟΚΡΦΚΑΤΟΚ

Continuation, Pag.2

Article VI, Purpose.

The purpose of this corporation shall be to serve and operate in the business, brokerage and franchise areas, always respecting the regulations in existence, besides doing all others businesses permitted under the Laws of the United States of America and the State of Florida.

Article VII, Initial Board of Directors.

The names and Post Office Addresses of the members of the first board of directors are:

Paulo Martelotti- President and Secretary

Address:

3704 Estepona Avenue, Miami, Fl., 33178.

Flavio Tome- Vice-President

Address:

Rua Hungria 664 Cj. 72, São Paulo, SP., Brazil.

Paulo Martelotti
MM Business Corporation.

Continuation, Pag. 3

Affidavit

State of Florida, Dade County.

Before me this day personally appeared Paulo Martelotti, who being duly sworn, depose and say that he is the Representative and Incorporator for Codene-Companhia de Desenvolvimento de Negócios Ltda., and for MM **Business Corporation.**

FLOL 4634-677-62-185-0

Signature of Notary Public My Commission Expires_

JORGE DARDANO S. MY COMMISSION # CC 346694 EXPIRES: February 6, 1998

Bonded Thru Notary Public Underwriturs

bigka indaws.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: MM BUSINESS CORPORATION
2.	The name and address of the registered agent and office is:
	PAULO MARTELOTTI
	(Name)
	3704 ESTEPONA AVENUE
	(P.O. Box not acceptable)
	MIAMI, FL., ## 33178
	(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)
PAULO MARTELOTTI

4634-677-62-185-0

NOTARY PUBLIC

SWORN BEFORE ME THIS OF OF 95



TRANSMITTAL LETTER

P95000014937

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: _	MM	BUSINESS	CORPORATION	
3000EC1	(Prop	nosed corporate name - must include suffix)		

RESIGNATION

Enclosed is an original and one (1) copy of the articles of incorporation and a check

\$ 35.00 Filing Fee 500002020846--2 -12/05/96--01051--001 *****35.00 *****35.00

FROM: PAULO MARTELOTTI

Name (printed or typed)

235 NW 6425 UNIT#

Address

MIAMI FL. 33166

City, State & Zip

Daytime Telephone number

ASSECRET

SH 12/1 13

OFFICER / DIRECTOR RESIGNATION

I. PAULO MARTELOTTI	, hereby resign as President & Secretary
	(Title)
ofMM BUSINESS CORPORATION	
(Name	of Corporation)
a corporation organized under the laws of the S	State of FLORIDA
That the corporation has been notified in writing o	of the resignation.
(Standarde of	resigning officer/director)
COUN The fo me th <u>conf</u> Person	E OF FLORIDA ITY OF ORA-CE pregoing instrument was acknowledged before is 25 day of AD 1996 by DAU 20 ATELOTI naily Known Y OR Produced Identification
	DONALD A. SUTTON Notary Public, State of Florida My Comm. Expires May 31, 1998 No. CC 376691 Bonded Thru Official Notary Dervice FILED FILED

P95000014937

Department of State Division of Corporations P. O. Box 6327 Tailahassee, FL 32314

SUBJECT: MM BUS; NESS CORPORATION

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

⊠ \$ 35-00 Filing Fee

900002020849--3 -12/05/96--01051--002 *****35.00 *****35.00

PAULO MARIELOTII

Nama (printed or typed)

\$235 NW 6425 UNIT #3

Address

MIAMI FL. 33/66

City, State & Zio

Daytime Telephone number

FILED

FILED

SECRETARY OF STATE

SHIJU

DAYTIME Telephone number

STATEMENT OF CHANGE OF REGISTERED OFFICE ON NEGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section '807.0802 or 607.1508, Floride Statules, the undersigned corporation organized under the leve of the State of FLORIDA , Submits the following statement in order to change its registered office or registered agent, or both, in the State of Floride. 1. The name of the corporation is: MM BUSINESS CORPORATION

2. The name and address of the current registered egent and office: Paulo Martelotti 3704 Estepona Avenue, Miami, FL 33178 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Paulo Martelotti 3704 Estepona Avenue, Miami, FL 33178
(P.O. Box Not Acceptable)
Roberto de Oliveira Cesar Junior
8235 NW 64th Street, Suite 3, Miami, FL 33166

11/1/1/V

	SIGNATURI		
		(namé aind title)	
•	DATE	11/29/96	
		- 444	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT:

SIGNATU	NE CONTRACTOR	٠.
	(Registered Agent)	
-ATE	11/29/96	•

Division of Corporations, P.O. Box 6327, Tallahasses, FL 32314 CR2E045 (7-90) FILING FEE: \$36.00

PLEASE READ	ALL INSTRU	CTIONS	BEFORE (COMPLETI	NG THIS FORM.
APPLICATION FOR 1996 REINSTATEMENT	Sar Se	EPARTMEN ndra B. Mort cretary of S on of conhob	tato		FILED
DOCUMENT # P95000 1 Corporation Name MM BUSINE	101493 35 COF	7 PORT	rion		96 DEC 16 PM 12: 48 SECRETARY OF STATE ALLAHASSEE, FLORIDA
8235 NW 64 MiAmi, FL.	3316	JiTE			
II above addresses are incorrect in any way, line that 2. New Principal Office Address, II Applicable Suite, Apt. #, etc.	3. New Mailing Ai Suite, Apt. #, etc.			To Do Busin	
Zip Country	Zrp	Country		6. CERTIFICATE	O 5 59 2 2 4 Not Applicable OF STATUS DESIRED S8 75 Additional fee required to a Certificate of Status.
7. Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors 2	3	Sirc Off (Do NOT Us	eel Address of Eac cur and/or Directo e Post Office Box	h or Numbors)	4 City/State/Zip
PSD PAULO MARTI VPD FLAVIO TO A				75+#3	Miami, FL., 33/66
				80	0002030698-3 -12/17/9601079013 ****383.75 ****383.75
8. Name and Address of Current	Registered Agent		 	9. Name and A	Address of New Registered Agent
	RTELO PONA 10331		Street Address Suite, Apt. #. Et	9ULO (P.O. Box Number 5. N.W.	State Zin Code
10 I, being appointed the registreed from a medicorporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agont					
11. Does this corporation pay a Dept. of Revenue under S.	any intangibl 199.032, Fl	e tax to th orida Stati	e utes. Yes	□ No ∑	(See other side for information on intangible tax.)
12. I do hereby certify that the information supplied lease the Division of Corporations from any liabilicentify that I am an officer or director of the this reinstatement application the freat professionable to the corporation has a term of the under oath	with this filing is volur by of pon-compliance of the true emporation has been el- terior has been el- terior has been el- terior has been el-	ntarily furnished a with Section 11 wered to execute minated, the con ated on this appl	and does not quali 9.07(3)(k) in the en this application a porate name satis cation is true and	ly for the exemption went that the inform is provided for in characteristics fies the requirement accurate, and my	n stated in Section 119.07(3)(k), Florida Statutes, I re- ation s pplied is deemed exempt from public access, I apter 607 or 617, F.S. I further certify that when filing its of section 607.0401 or 617.0401, F.S., and that all signature shall have the same legal effect as if made