

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

RE: Piedras Corp

95000015652

C.C. FEE. DISBURSED

Capital Connection  
Corp. of Inc. File  
Corp. Record Search  
Partnership File  
Foreign Corp. File  
☒ ( ) Cert. Copy(s)

Art. of Amend. File  
Dissolution/Withdrawal  
C U S-  
Fictitious Name File

Name Reservation **890601415248**  
Annual Report/Reinstatement **-02/24/95--01073--010**  
Reg. Agent Service **\*\*\*122.50 \*\*\*122.50**  
Document Filing

Corporate Kit  
Vehicle Search  
Driving Record  
Document Retrieval

UCC 1 or 3 File  
UCC 11 Search  
UCC 11 Retrieval  
File No.'s, Copies  
Courier Service  
Shipping/Handling  
Phone ( )  
Top Priority  
Express Mail Prep.  
FAX ( ) pgs.

95 FEB 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
PH 3:19

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

PHONE ( )

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY W \_\_\_\_\_

WALK-IN  
Will Pick Up 224

**ARTICLES OF INCORPORATION**

**OF**

**PIEDRAS, CORP.**

FILED  
95 FEB 24 PM 3: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I: NAME**

The name of the corporation is **PIEDRAS, CORP.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 6260 S.W. 26th St., Miami, FL 33155.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10 (ten) shares having a par value of ten dollars (\$10.00) per share.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

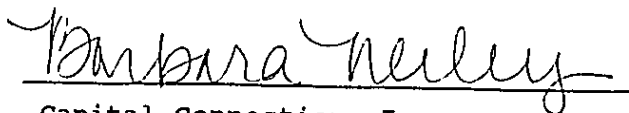
#### **ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of the member of the initial Board of Directors of the corporation is Ana Pamela Sanchez, 1740 N.W. North River Drive, Apt. 415, Miami, FL 33125.

The undersigned has executed these Articles of Incorporation this 24th day of February, 1995.



Capital Connection, Inc.

Barbara Neeley - President

Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

1. The name of the corporation is **PIEDRAS, CORP.**

2. The name and address of the registered agent and office Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

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.



Capital Connection, Inc.

Barbara Neeley - President

Date: February 24, 1995

FILED  
95 FEB 24 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**P95000015652**

**CAPITAL CONNECTION, INC.**  
417 E. Virginia Ave., Suite 1, Tallahassee, FL 32302  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service \_\_\_\_\_ Two Day Service \_\_\_\_\_

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

7/6/95  
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\*00789, 00524, 00672

REQUEST TAKEN CONFIRMED APPROVED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY SW \_\_\_\_\_

WALK-IN Will Pick Up 7-5

95 JUL 5 AM 9 10

**DIVISION OF CORPORATION**

C.C. FEE.

DISBURSED

Capital Express \_\_\_\_\_  
Art. of Inc. File \_\_\_\_\_  
Corp. Record Search \_\_\_\_\_  
Ltd. Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
✓ 1 Cert. Copy(s) VEN  
✓ Art. of Amend. File Charge  
Dissolution/Withdrawal \_\_\_\_\_  
C U S- \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_

Name Reservation **100001529611**  
Annual Report/Reinstatement **07/05/95--01007--002**  
Reg. Agent Service **\*\*\*\*\*35.00 \*\*\*\*\*35.00**  
Document Filing \_\_\_\_\_

Corporate Kit \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
Document Retrieval \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
File No.'s, \_\_\_\_\_ Copies \_\_\_\_\_  
Courier Service \_\_\_\_\_  
Shipping/Handling \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Top Priority \_\_\_\_\_  
Express Mail Prep. \_\_\_\_\_  
FAX ( ) \_\_\_\_\_ pgs. \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SUBTOTAL \$ \_\_\_\_\_

FEE \$ \_\_\_\_\_

DISBURSED \$ \_\_\_\_\_

SURCHARGE \$ \_\_\_\_\_

TAX on corporate supplies \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

PREPAID \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection



FLORIDA DEPARTMENT OF STATE

July 5, 1995

Sandra B. Mortham  
Secretary of State

Capital Connection, Inc.  
P.O. Box 10349  
Tallahassee, FL 32302

SUBJECT: PIEDRAS, CORP.  
Ref. Number: P95000015652

We have received your document for PIEDRAS, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the officer's name and title under the signature line which I have highlighted.

If you have any questions concerning the filing of your document, please call (904) 487-6907.

Annette Hogan  
Corporate Specialist

Letter Number: 995A00032519

## Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws 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 Florida.

1. The name of the corporation is: PIEDRAS, CORP.

1a. Date of Incorporation 2-24-95 Document number P95000015652

2. The name and address of the current registered agent and office:

Capital Connection, Inc. 417 E. VIRGINIA ST.  
Suite #1, Tallahassee, FL, 32301

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

Sergio Vega P.A. 3191 Coral Way  
MIAMI, FL 33145

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603  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

SIGNATURE X

(name and title) Ana P. Sanchez  
Director

DATE 6/29/95

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 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.

SIGNATURE [Signature]

(Registered Agent)

DATE 6/29/95

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