

A 93000001405

Ofra Investments, Ltd.
Requestor's Name

PO Box 1650
Address

Windermere, FL 34786-1650
City/State/Zip Phone #

300002401463--8
-01/15/98--01051--001
*****52.50 *****52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Name Availability	Domestication
	Other _____

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/ Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Updater	Annual Report
Updater	Fictitious Name
Verifier	Name Reservation
Acknowledgement	DCC
W. P. Verifier	DCC

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

FILED
 98 JAN 15 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

A93000001405

Examiner's Initials	
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**AMENDED AND RESTATED CERTIFICATE OF LIMITED PARTNERSHIP OF
OFRA INVESTMENTS, LTD.**

The undersigned, being the sole General Partner of the hereinafter named Limited Partnership and being desirous of amending and restating the Certificate of said Limited Partnership and pursuant to the laws of the State of Florida, and being duly sworn does hereby certify:

1. The name under which this Partnership is to be conducted is Ofra Investments, Ltd. and the original Certificate of Limited Partnership was filed December 22, 1993.

2. The principal place of business of the partnership is to be located at 5900 Casa Del Rey Circle, Orlando, Florida, 32809 and the name and address of the agent for service of process required to be maintained pursuant to Section 620.105, Florida Statutes is Francisco Orchilles, Jr., 5900 Casa Del Rey Circle, Orlando, Florida, 32809.

3. The name and address of the general partner is:

Autotim Corp., whose business address is:
5900 Casa Del Rey Circle, Orlando, Florida, 32809

4. The mailing address of the limited partnership is:

P.O. Box 1650, Windermere, Florida, 34786-1650

5. The Partnership commenced on the date of filing of the original Certificate with the Secretary of State of Florida and shall terminate December 31, 2023, unless sooner terminated as provided in the Limited Partnership Agreement.

6. The amount of capital contribution of each Limited Partner is:

a) Luxury (USA), Inc. \$9,700.00

No other property is being contributed.

7. Additional contributions, if any, agreed to be made by each limited partner and the times at which or events on the happening of which they will be made are:

None.

8. This Certificate of Amendment and Restatement is executed and is being filed in accordance with Section 620.109, Florida Statutes.

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98 JAN 15 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 12th day of January 1998.

[Signature]
FRANCISCO ORCHILLES
[Signature]
Judith Pownall

AUTOTIM CORP., a Florida corporation,
General Partner

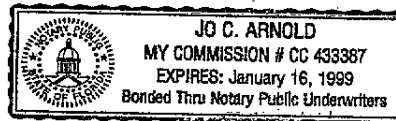
By: *[Signature]*
Francisco Orchilles, Jr.,
Its President

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to take acknowledgments, FRANCISCO ORCHILLES, JR., as President of AUTOTIM CORP., a Florida corporation, as General Partner of OFRA INVESTMENTS, LTD., a Florida limited partnership who is personally known to me or who produced FL DL Lic 0624240562846 as identification and he is the person described in and who executed the foregoing Amended and Restated Certificate of Limited Partnership, and he acknowledged then and there before me that he executed the same as such general partner on behalf of said partnership for the purposes herein expressed; and that the said Amended and Restated Certificate of Limited Partnership is the act and deed of said partnership.

WITNESS MY hand and seal this 12TH day of JANUARY 1998.

[Signature]
Name: _____
Notary Public
Commission No. _____
My Commission Expires: _____



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TALLAHASSEE, FLORIDA