TALLAHASSI 222-1173

EH INC COLER SHEET

FILING COVER SHEET ACCT. #FCA-14

CONTACT:	CINDY HICKS 20000333333333333333333333333333333333
DATE:	9-7-00 /*****78.75 *****78.75
REF. #:	0589 13038
CORP. NAME:	UnoDos Tres com Inc.
	ADM-1,150 1 28 8 7
( ) ARTICLES OF INCO	RPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME 2
FOREIGN QUALIFIC	ATION () LIMITED PARTNERSHIP () LIMITED LIAMETTY
( ) REINSTATEMENT	() MERGER () WITHDRAWAE
( ) CERTIFICATE OF CA	ANCELLATION () UCC-1 () UCC-3
( ) OTHER:	HASSE T
	EPAID WITH CHECK# 8750 FOR \$ 78.7 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	COST LIMIT: \$ §
PLEASE RETUR	9 B M
CERTIFIED COPY  CO	() CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY STATUS
Examiner's Initials	DHC 4126



### FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

September 7, 2000

CINDY HICKS CCRS TALLAHASSEE, FL

SUBJECT: UNODOSTRES.COM INC.

Ref. Number: W00000021952

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

We have received your document for UNODOSTRES.COM INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$78.75 payment.

The application indicates that UNODOSTRES.COM INC. has been transacting business in Florida since October 26, 1999. If that is so, then penalty fees are owed.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 600A00047434

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

-	ATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDAS
UnoDosTres.com I	he word "INCORPORATED", "COMPANY", "CORPORATION" or
	in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so	o contained in the name at present.)
	- 000000
Delaware	ich it is incorporated)  3. U5-0875100  (FEI number, if applicable)
(State or country under the law of whi	ich it is incorporated) (FEI number, if applicable)
10/26/99	5. Perpetual
(Date of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
	10/26/99
(Date first transacted business in	n Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
800 Brickell Avenue,	Suite 902
OOO BLICKELL AVERUE	, butte 702
Miami, Florida 3313	31
	(Current mailing address)
Among other purposes,	to engage in any lawful act or activity for which
Among other purposes, corporations may be or	to engage in any lawful act or activity for which rganized under the Florida Business Corporation Act.
corporations may be or	to engage in any lawful act or activity for which rganized under the Florida Business Corporation Act.
(Purpose(s) of corporation auth	rganized under the Florida Business Corporation Act.
(Purpose(s) of corporation auth	rganized under the Florida Business Corporation Act.
(Purpose(s) of corporation auth	rganized under the Florida Business Corporation Act.  orized in home state or country to be carried out in state of Florida)  orida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation auth  Name and street address of Flo  Name: CorpOirect	orida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation auth  Name and street address of Flo  Name: Corporation	orida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
(Purpose(s) of corporation auth  Name and street address of Flo  Name: Corporation  Name: Logo N. Me	orized in home state or country to be carried out in state of Florida)  orida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agen+5  oridan St., lower level
(Purpose(s) of corporation auth  Name and street address of Flo  Name: Corporation  Name: Logo N. Me	orized in home state or country to be carried out in state of Florida)  orida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agen+5  oridan St., lower level
(Purpose(s) of corporation auth  Name and street address of Flo  Name: Corporation  Name: Lo 3 N. Me	orida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Corporations may be on (Purpose(s) of corporation authors and street address of Flow Name: Corporation authors (Purpose(s) of corporation authors (Purpose(s	rganized under the Florida Business Corporation Act.  Porized in home state or country to be carried out in state of Florida)  Porida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Indan St. lower level  Stee, Florida,3 2 30 [  (Zip code)
Corporations may be on (Purpose(s) of corporation authors and street address of Flow Name: Corporation authors (Purpose(s) of corporation authors (Purpose(s	rganized under the Florida Business Corporation Act.  Porized in home state or country to be carried out in state of Florida)  Porida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Indan St. lower level  Stee, Florida,3 2 30 [  (Zip code)
(Purpose(s) of corporation auth  Name and street address of Flo  Name: Corporation  Name: Logoret  Tallahas  Registered agent's acceptance  aving been named as registered agent	rganized under the Florida Business Corporation Act.  Provided in home state or country to be carried out in state of Florida)  Prida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Indan St. lower level  (Zip code)  e:  It and to accept service of process for the above stated corporation at the place designated
(Purpose(s) of corporation auth  Name and street address of Flo  Name: Corporation  Name: Corporation auth  Tallahas  Registered agent's acceptance  wing been named as registered agent is application, I hereby accept the app	rganized under the Florida Business Corporation Act.  Provided in home state or country to be carried out in state of Florida)  Prida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Indan St. lower level  (Zip code)  e:  It and to accept service of process for the above stated corporation at the place designated pointment as registered agent and agree to act in this capacity. I further agree to complete
(Purpose(s) of corporation auth  Name and street address of Flo  Name: Corporation  Name: Logorous M. Me  Tallahas  Name: Tallahas  Registered agent's acceptance  aving been named as registered agent is application, I hereby accept the app	rganized under the Florida Business Corporation Act.  Provided in home state or country to be carried out in state of Florida)  Prida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Indan H. lower level  (Zip code)  Reservice of process for the above stated corporation at the place designated pointment as registered agent and agree to act in this capacity. I further agree to complete to the proper and complete performance of my duties, and I am familiar with and accept agent and agree to form the state of the proper and complete performance of my duties, and I am familiar with and accept service of process for the above stated corporation at the place designated pointment as registered agent and agree to act in this capacity. I further agree to complete to the proper and complete performance of my duties, and I am familiar with and accept service of process for the above stated corporation at the place designated agent and agree to act in this capacity. I further agree to complete to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties, and I am familiar with and acceptable to the proper and complete performance of my duties.
(Purpose(s) of corporation authors (Purpose(s) of corporation authors and street address of Flow Name: Corporation authors (Purpose(s) of Corporation authors (Purpose(s) of Police Address) (Police Address) (Pol	rganized under the Florida Business Corporation Act.  Provided in home state or country to be carried out in state of Florida)  Prida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Index lower level  (Zip code)  Reservice of process for the above stated corporation at the place designated pointment as registered agent and agree to act in this capacity. I further agree to complete to the proper and complete performance of my duties, and I am familiar with and acceptable agent.
(Purpose(s) of corporation authors (Purpose(s) of corporation authors (Purpose(s) of corporation authors (Purpose(s) of corporation authors (Purpose(s) of policy (Purpose and Street address of Flow Name: Corporation (Purpose and Street address: 103 N. Me)  Tallahas  Registered agent's acceptance agent application, I hereby accept the application of all statutes relative obligations of my position as registered.	rganized under the Florida Business Corporation Act.  Provided in home state or country to be carried out in state of Florida)  Prida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Index lower level  (Zip code)  Reservice of process for the above stated corporation at the place designated pointment as registered agent and agree to act in this capacity. I further agree to complete to the proper and complete performance of my duties, and I am familiar with and acceptable agent.
(Purpose(s) of corporation authors (Purpose(s) of corporation authors Name and street address of Flow Name: Corporation authors (Corporation authors) (Corporation and Street address) (Corporation (Corporation and Street address) (Corporation as registered agent ag	rganized under the Florida Business Corporation Act.  Provided in home state or country to be carried out in state of Florida)  Prida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Agents  Indan H. lower level  (Zip code)  Reservice of process for the above stated corporation at the place designated pointment as registered agent and agree to act in this capacity. I further agree to compose to the proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties, and I am familiar with and active proper and complete performance of my duties.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019-9/2/99 CT System Online

which it is incorporated.

	A. DIREC'	TORS (Street address only - P.O. Box NOT acceptable)	0.
	Chairman:	Carlos Barba	8 TO 10 TO
		800 Brickell Avenue, Suite 902	
		Miami, Florida 33131	
			FA 3
		man:	977
•	Address: _	<u> </u>	A.
	_		
	Director: _	Rafael Gutierrez	
Di	Address: _		
	_	Miami, Florida 33131	
	Director:	Russ Walters, Jr.	
	Address:	one Brickell Avenue Suite 902	
	Addiess		attached addendum for additional directors
	B. OFFI	CERS (Street address only - P.O. Box NOT accepta	ble)
CEO	President:	Carlos Barba	
	Address:	occ put-1-11 Avenue Swite 902	
	Addross.	Miami, Florida 33131	
and CE		dent: Ramiro Miqueli	
	ኒፑር		
	Address:	800 Brickell Avenue, Suite 902 Miami, Florida 33131	
	Secretary:		
	Address:	<del></del>	
		Miami, Florida 33131	
	Treasurer	Ramiro Miqueli	
	Address:	800 Brickell Avenue, Suite 902	
		Miami, Florida 33131	
	MOTE.	If necessary, you may attach an addendum to the application I	isting additional officers and/or directors.
	_		·
	13	(Signature of Chairman, Vice Chairman, or any office	er listed in number 12 of the application).
	14	QARLOS K. 18	ALBA OHALRINAN-CEO.
		(Typed or printed name and capaci	ry or person signing application)

#### Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida

#### A. Additional Names and Addresses of Directors:

- Christopher Jester
   800 Brickell Avenue, Suite 902
   Miami, Florida 33131
- Howard Shapiro
   800 Brickell Avenue, Suite 902
   Miami, Florida 33131
- Michael Heitner, Esq.
   c/o Herrick, Feinstein LLP
   2 Park Avenue
   New York, New York 10016
- Adam Sender
   c/o Kadem Capital, LLC
   767 Third Avenue, 38th Floor
   New York, NY 10022
- Jerry Solomon
   88 White Oak Ridge Road
   Lincroft, NJ 07738



## State of Delaware

### Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNODOSTRES.COM INC." IS DULLE INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IN INCORPORATE DUNDER THE LAWS OF THE STATE OF DELAWARE AND IN INCORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF SEPTEMBER, A.D. 2000

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"UNODOSTRES.COM INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY
OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION: 0658476

DATE: 09-06-00

3116661 8300

001448678