Fib 1000006216

C T CORPORATION SYS	STEM .				
Requestor's Name 660 East Jefferson	Street	_			
Address Tallahassee, FL 32	301 (850)222-1092	_			
City State Zip Phone		100003449371— -11/03/00-01001-010			
CORPOR	RATION(S) NAME	*****70.00 ******70.			
				-	
	Punto Amaril	lo Delawar	Corp Tale 100	<u> </u>	
() Profit () NonProfit () Limited Liability Co		iment ition/Withdrawal	ALLASSEE, GEORGOR () Mergeor () Mergeor ()	Ü	
() Limited Partnership () Reinstatement () Limited Diability P	() Annual () Reserv		() Other () Change of F () Fictitious	R.A	
() Certified Copy	() Photo	Copies	() cus	EVENTIFIES	
() Call When Ready Walk In () Mail Out	() Call if F () Will Wa		<u> </u>		
Name Avallability Document Examiner	11/2	PLEASE	RETURN EXTRA COPY FILE STAMPED THANKS	(S) \(\frac{1}{2} \)	
Updater Verifier			CONNIE BRYAN		
Acknowledgment	1				
W.P. Verifier		ı	NIZ		
ODOECO4 /4 OO)			/ v = .		

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.

	RILLO CORPORATION	<u> </u>			<u> </u>
words or abbre	oration; must include the word "TNO viations of like import in language a or partnership if not so contained in	as will clearly indicate th	PANY", "CORPORA at it is a corporation i	ATION" or instead of a	
		t die name at present.)			
2. DELAWARE		3 <u></u>	(FEI number, if	E01	
(State or countr	y under the law of which it is incorp	porated)	(FEI number, if	applicable)	•
4. <u>AUGUST 23,</u>		5. PERPETUAL		TAL	>
(Da	te of incorporation)	(Duration: Year	corp. will cease to e	xistor "perpetual"	复 卫
6. NOVEMBER				SS	6 5
(Date firs	st transacted business in Florida.) (S	EE SECTIONS 607.150	l, 607.1502 and 817.	.155, F.S.) 🛱 🚉	⊋ 0
7. <u>3260 VIRGI</u> N	IA STREET, MIAMI, FLORIDA 3	33133		FEST	<u>=</u>
				REDE	, v
	(Current n	nailing address)	·	·	<u> </u>
B. PROVIDER C	F INTERNET ACCESS AND REL	ATED SERVICES			
/=					
(Purpose	(s) of corporation authorized in hon	ne state or country to be o	arried out in state of	Florida)	<u>. </u>
	(s) of corporation authorized in hon reet address of Florida register			·	<u> </u>
				·)
9. Name and st	reet address of Florida register			·)
9. Name and st	reet address of Florida register			·)
9. Name and st	reet address of Florida register	red agent: (P.O. Box	or Mail Drop Box	·)
9. Name and st	C T Corporation System 1200 South Pine Island Road		or Mail Drop Box	·) - -
9. Name and st Name: Office Address:	reet address of Florida register C T Corporation System 1200 South Pine Island Road Plantation	red agent: (P.O. Box	or Mail Drop Box	·	· · · ·
9. Name and st Name: Office Address:	C T Corporation System 1200 South Pine Island Road	red agent: (P.O. Box	or Mail Drop Box	·	
Name and st. Name: Office Address: ORGENIA Registered Having been name this application, I with the provision	CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: ed as registered agent and to accepte hereby accept the appointment as a sof all statutes relative to the prop	red agent: (P.O. Box , Flor t service of process for tregistered agent and agr	or Mail Drop Box ida, 33324 (Zip code) he above stated corpee to act in this capa	NOT acceptable acceptable or at the place active. I further acceptable	ce designated in
Name and st. Name: Office Address: ORGENIA Registered Having been name this application, I with the provision	CT Corporation System 1200 South Pine Island Road Plantation agent's acceptance: ed as registered agent and to acceptanceby accept the appointment as	red agent: (P.O. Box , Flor , Flor et service of process for the registered agent and agreer and complete perform	or Mail Drop Box and ance of my duties, a	NOT acceptable acceptable or at the place active. I further acceptable	ce designated in
Name and st. Name: Office Address: ORGENIA Registered Having been name this application, I with the provision	C T Corporation System 1200 South Pine Island Road Plantation agent's acceptance: ed as registered agent and to acceptance by accept the appointment as sof all statutes relative to the propinty position as registered agent. C T Corporation System	red agent: (P.O. Box , Flor t service of process for the registered agent and agreer and complete perform	or Mail Drop Box ida, 33324 (Zip code) he above stated corpee to act in this capa	NOT acceptable oration at the place acity. I further against I am familiar to	ce designated in

which it is incorporated.

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

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: JESUS ZAMORA-LEON	<u> </u>
Address: 3260 VIRGINIA STREET	
MIAMI, FLORIDA 33133	
Vice Chairman:	
Address:	
Director:	SE
Address:	
	SSE TO TO
Director:	PR ST
Address:	$\mathcal{A}_{\mathcal{P}_{i}}$
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	***
President: JESUS ZAMORA-LEON	
Address: 3260 VIRGINIA STREET	
MIAMI, FLORIDA 33133	· · · · · · · · · · · · · · · · · · ·
Vice President:	
Address:	
	-
Secretary: JESUS ZAMORA-LEON	
Address: 3260 VIRGINIA STREET	
MIAMI, FLORIDA 33133	
Treasurer: JESUS ZAMORA-LEON	
Address: 3260 VIRGINIA STREET	<u></u>
MIAMI, FLORIDA 33133	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
NOTE: If necessary, you may attach ar additional to the application listing additional officers a	and/or directors.
3. Andyway	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the Jesus Zamora–Leon	e application)
(Typed or printed name and capacity of person signing application)	ation)
P .	

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PUNTO AMARILLO CORPORATION" IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF NOVEMBER,
A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

OO NOV -6 PN 3:58
SECKLIAAY OF STATE
TALLAHASSEE, FILORIDA

Edward J. Freel, Secretary of State

AUTHENTICATION: 0773338

DATE: 11-03-00

3278497 8300

001554684