

# F99000004391

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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

100002968321--5

-08/24/99-01049-021

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

## CORPORATION NAME(S) &amp; DOCUMENT NUMBER(S) (if known):

1. Caribbean Housing Solutions Corp  
(Corporation Name) (Document #)2. \_\_\_\_\_  
(Corporation Name) (Document #)3. \_\_\_\_\_  
(Corporation Name) (Document #)4. \_\_\_\_\_  
(Corporation Name) (Document #)☒ Walk in ☒ Pick up time 2:00☒ Certified Copy☐ Mail out ☐ Will wait☐ Photocopy☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

RECEIVED  
99 AUG 24 11:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDAFILED  
99 AUG 24 PM 3:48  
SECRETARY OF STATE  
DIVISION OF CORPORATIONSnpe  
8/24/99

# TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Caribbean Housing Solutions Corporation  
(Name of corporation - must include suffix)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 24 PM 3:48

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BARNEY B. AVCHEN, ESQUIRE

(Name of Person)

(Firm/Company)

Suite 226, 1840 West 49th. Street

(Address)

Hialeah, Florida 33012

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Barney B. Avchen

(Name of Person)

at ( 305 ) 821-0031

(Area Code & Daytime Telephone Number)

## STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

## MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 24 PM 3:48

1. Caribbean Housing Solutions Corporation

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Commonwealth of Dominica

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. July 27, 1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. The corporation has not transacted business in Florida as yet.

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. Suite 226, 1840 West 49th. Street

Hialeah, Florida 33012

(Current mailing address)

8. To engage in all lawful business activities

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: BARNEY B. AVCHEN, ESQUIRE

Office Address: Suite 226, 1840 West 49th. Street

Hialeah, Florida, 33012

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.*

  
(Registered agent's signature)

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 which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Sergio Pandozi

Address: Prolongacion Avenida Cancamure, Arboleda Contry

Cumana, Estado de Sucre - VENEZUELA

Vice Chairman: Andres Jofre

Address: Parcelamiento Miranda Sector A, Calle Puerto Santo, Residencia Manina Apt. A2

Cumana, Estado de Sucre - VENEZUELA

Director: Carlos Salas

Address: 601-86th. Street

Miami Beach, Florida 33141

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Sergio Pandozi

Address: Prolongacion Avenida Cancamura, Arboleda Contry

Cumana, Estado de Sucre - VENEZUELA

Vice President: Andres Jofre

Address: Parcelamiento Miranda Sector A, Calle Puerto Santo, Residencia Manina Apt. A2

Cumana, Estado de Sucre - VENEZUELA

Secretary: Carlos Salas

Address: 601-86th. Street

Miami Beach, Florida 33141

Treasurer: Carlos Salas

Address: 601-86th. Street

Miami Beach, Florida 33141

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Carlos Salas, Director / Sec. - Treas.

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF DOMINICA



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 24 PM 3:48

IN THE MATTER OF  
THE INTERNATIONAL BUSINESS COMPANIES ACT

AND

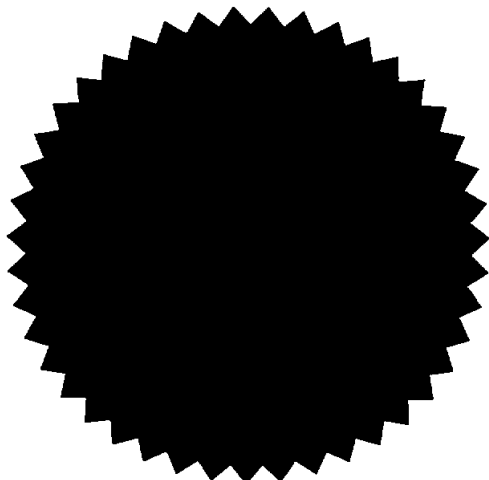
IN THE MATTER OF

CARIBBEAN HOUSING SOLUTIONS CORPORATION

**CERTIFICATE OF INCORPORATION**

I DO HEREBY CERTIFY THAT Caribbean Housing Solutions Corporation is this day incorporated under the International Business Companies Act, 1996 and that the Company is limited by shares.

Given under my hand this  
27<sup>th</sup> day of July, 1999.



  
REGISTRAR OF COMPANIES  
COMMONWEALTH OF DOMINICA