H24429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

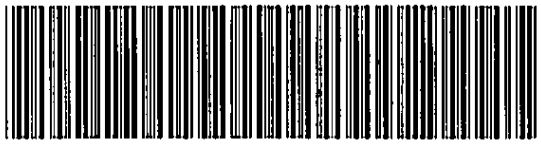
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200368359222

Sept. 21, 1984

H24429

Florida Department of State
Division of Corporations
Bureau of Records
P.O. Box 6327
Tallahassee, Fla. 32301

Gentlemen,

Enclosed please find original and one copy of the Articles of Incorporation of OLIVARES & GALAN CORPORATION, to be filed with the State at your Division. Also a check in the amount of $ 63.00 is enclosed to cover the filing fees.

Very Truly Yours,

Raul Olivares, Agent
Olivares & Galan Corp.
273 N.E. 2nd Street # 107
Miami, Fla. 33131

unpublished phone
HC 10-184

305 371 6882

FILED
84 SEP 24 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Validation Next Page

C. TAX	50
FILING	15
R. AGENT FEE	3
C. COPY	15
TOTAL	83
N. BANK	
BALANCE DUE	
REFUND	

H24429

3,22(50),24,131,106,130

~~30.00~~

Name Availability Jan 9-11-85
Document Examiner MR 2nd
Updater 4
Verifier 4
Acknowledgment 9
W.P. Verifier MR

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

D.W. McKinnon, Director
Division of Corporations
904/488-9636

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383

September 25, 1984

Raul Olivares
273 N.E. 2nd St.
Suite 107
Miami, FL. 33131

SUBJECT: OLIVARES & GALAN CORPORATION
Reference: W11006

005 6654 10/01/84 20.
005 6654 10/01/84 20.

Dear Mr. Olivares:

We have received your document for the above corporation and your check(s) totaling $63.00. However, the document has not been filed and is being returned for the following.

The fees break down as such: $50. for Charter Tax, $15 for Filing Fee, $3 for the Registered Agent Fee, and $15 for each Certified Copy (optional).

A balance of $20.00 is due for Charter Tax.

If you have any further questions concerning the filing of your document, please call (904) 488-9020, the Domestic Filing Section.

Sincerely,

Hart Collins
Document Examiner
Charter Section

HC:hc

C. TAX 20
FILING
R. AGENT FEE
C. COPY
TOTAL 20 9 27/84
N. BANK
BALANCE DUE 20
REFUND

ENCLOSED PLEASE FIND OUR $20.00 CHECK — FOR THE BALANCE.

THANK YOU

Raul Olivares
273 NE 2ND ST. #107
MIA. FLA. 33131

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

D W McKinnon, Director
Division of Corporations
904/488-9536

Mrs. Nettie Sikes, Chief
Bureau of Corporate Records
904/488-9383

October 2, 1984

Raul Olivares
273 N.E. 2nd St.
Suite 107
Miami, FL. 33131

Phone (305) 371-6882

SUBJECT: OLIVARES & GALAN CORPORATION
Reference: W11249

Dear Mr. Olivares:

We have received your document for the above corporation and your check(s) totaling $63.00. However, the document has not been filed and is being returned for the following.

The fees break down as such: $50. for Charter Tax, $15 for Filing Fee, $3 for the Registered Agent Fee, and $15 for each Certified Copy (optional).

A balance of $20.00 is due for Charter Tax.

We regret that we were unable to contact you by phone. When you return your document please provide us with a telephone number where you can be reached during the day.

You failed to make the correction(s) as requested in our previous letter.

If you have any further questions concerning the filing of your document, please call (904) 488-9020, the Domestic Filing Section.

Sincerely,

Hart Collins
Document Examiner
Charter Section

HC:hc

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

D.W. McKinnon, Director
Division of Corporations
904/488-9636

Mrs. Mattie Sims, Chief
Bureau of Corporate Records
904/488-9381

October 4, 1984

Raul Olivares
273 N.E. 2nd Street
Suite 107
Miami, FL 33131

SUBJECT: OLIVARES & GALAN CORPORATION
Reference: W11006

Upon receipt of your letter and check(s) totaling $63.00, no document was found. Please send your document with any fee due to:

Division of Corporations

Secretary of State

P. O. Box 6327

Tallahassee, Florida 32301

If you have further questions concerning the filing of your document, please call (904) 488-9020.

Sincerely,

Deidre S. Wood
Document Examiner
Domestic Filing Section

DSW:dsw

H24429
FILED

ARTICLES OF INCORPORATION
OF
OLIVARES & GALAN CORPORATION

SEP 29 11 49 AM '84

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

OLIVARES & GALAN CORPORATION

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares of common stock of NO PAR VALUE. The corporation will begin business with no less than $ 500.00.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 273 North East 2nd. Street, Miami, Florida 33131 and the name of the initial registered agent of the corporation at that address is Raul Olivares Sr.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds shall have the right to purchase his pro rata share thereof at the price at which it is offered to others.

ARTICLE VII. DIRECTORS

This corporation shall have Three (3) directors initially, The names and address of the initial members of the Board of Directors are:

Raul Olivares, Sr.	273 N.E. 2nd Street, Miami, Florida 33131
Alfred Olivares	273 N.E. 2nd Street, Miami, Florida 33131
Don Galan	273 N.E. 2nd Street, Miami, Florida 33131

ARTICLE VIII. OFFICERS

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until theirs successors are elected or appointed are:

Raul Olivares, Sr.,	President	273 N.E. 2nd. Street, Miami, Fla.33131
Don Galan,	Vice-President and Treasurer	273 N.E. 2nd. Street, Miami, Fla.33131
Alfred Olivares,	Secretary	273 N.E. 2nd. Street, Miami, Fla.33131

ARTICLE IX. SUBSCRIBERS

The names and street addresses of the subscribers to these Articles of Incorporation, and the number of shares of stock that each agrees to take are:

NAME	ADDRESS	SHARES
Raul Olivares Sr.,	273 N.E. 2nd Street, Miami, Fla.33131	33
Don Galan	273 N.E. 2nd Street, Miami, Fla.33131	34
Alfred Olivares	273 N.E. 2nd Street, Miami, Fla.33131	33

ARTICLE X. BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the Shareholders.

ARTICLE XI. CALLING OF SPECIAL MEETINGS

Special meetings of shareholders may be called by the Board of Directors or the holders of not less than one tenth of all the shares entitled to vote at the meeting.

ARTICLE XII. SHAREHOLDERS QUORUM AND VOTING

The mayority of the shares entitled to vote, represented in person or by proxy, shall constitute a quorum at a meeting of shareholders. If a quorum is present, the affirmative vote of the mayority of the shares represented at the meeting and entitled to vote on the subject matter shall be the act of the shareholders.

IN WITNESS WHEREOF, the undersigned subscribers have hereunto set their hands and seals on this 21 day of SEPT., 1984.

DON GALAN ALFRED OLIVARES RAUL OLIVARES, SR.

STATE OF FLORIDA)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 21 day of 9 1984, by RAUL OLIVARES, SR., ALFRED OLIVARES and DON GALAN.

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES MAY 8 1985
BONDED THRU GENERAL INS. AGY.

Notary Public, State of Florida
My commission expires:

H24429

PRINTOUT SENT

LETTER SENT

CUS

REINSTATEMENT FILED 3/18/86

INVOLUNTARILY DISSOLVED 11-1-85

REINSTATEMENT	15
CUS	
REGISTERED AGENT	
OVERPAYMENT	
72 Privilege Tax	
73 Annual Report	
74 Annual Report	
75 Annual Report	
76 Annual Report	
77 Annual Report	
78 Annual Report	
79 Annual Report	
80 Annual Report	
81 Annual Report	
82 Annual Report	
83 Annual Report	
84 Annual Report	
85 Annual Report	20
86 Annual Report	20
TOTAL	
REFUND	55

FILED
86 MAR 18 12 05 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME AVAILABLE

REINSTATED BY Jan 3/18/86

UPDATER Jan 3/18/86

UPDATER VERIFYER JK 3/18

Alcides de Dalton Corporation

11/21/85

CORPORATION

ANNUAL REPORT

1985 1986

DIVISION OF CORPORATIONS

◄ Read Notice and Instructions on Other Side Before Making Entries ►

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

H24429 3
OLIVARES & GALAN CORPORATION
& RAUL OLIVARES SR.
273 NE 2ND ST
MIAMI, FL 33131

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporate Principal Office (P.O. Box Number Alone is NOT Sufficient)

Street Address

P.O. Box No.

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 09/24/1984

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City, State and Zip Code
OLIVARES, RAUL, SR.	P/D	273 NE 2ND ST	MIAMI, FL
~~OLIVARES, ALFRED~~	~~S~~	~~273 NE 2ND ST~~	~~MIAMI, FL~~
~~ALAM, DEV~~	~~V/T/D~~	~~273 NE 2ND ST~~	~~MIAMI, FL~~

MAR 10 12 05 PM '86
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered Agent Information

7. Name and Address of Current Registered Agent

OLIVARES, PAUL, SR.
273 NE 2ND ST
MIAMI, FL 33131

8. Name and Address of New Registered Agent

Name at

Street Address (Do NOT use P.O. Box Number) at

City and State at

Zip Code at

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325, F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes. Dec 3/12/86

See additional instructions regarding execution on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. Whoever Certifies Any False Information or Omits Any Fact Required on This Report Shall Have the Same Legal Effects As If Made Under Oath; All Officers Signing Must Be Listed Above.

Signature: Raul D. Olivares Date: 3/7/86

Raul D. Olivares. Pres. 305 374 6460

$5 additional fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT

1987

FLORIDA DEPARTMENT OF STATE
Office of Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

H24429 3
OLIVARES & CALAN CORPORATION
~~9 RAUL OLIVARES SR~~
273 NE 2ND ST
MIAMI. FL 33131

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

Date Incorporated or Qualified to Do Business in Florida 09/24/1984

Federal Employer Identification Number (FEIN)

Date of Last Report 03/18/1986

Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
~~OLIVARES, RAUL, SR.~~	~~P/D~~	~~273 NE 2ND ST~~	~~MIAMI, FL~~
OLIVARES, ELSA	P/D	273 NE 2ND ST	MIAMI, FL 33132

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

~~OLIVARES, RAUL, SR.~~
~~273 NE 2ND ST~~
~~MIAMI, FL 33131~~

5. Name and Address of New Registered Agent

Name 81: OLIVARES, ELSA

Street Address 1 (Do NOT Use P.O. Box Numbers) 82: 273 NE 2ND ST

Street Address 2 (Do NOT Use P.O. Box Numbers) 83

City and State 84: MIAMI FL. Zip Code 85: 33132

Pursuant to the provisions of Sections 607.034 and 607.317, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

Signature: [signature] (Registered Agent Accepting Appointment) DATE 7/1/87

$3.00 additional fee required for Registered Agent changes

See signature instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature on This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: [signature] Date

Signature of Signing Officer: [illegible] Title: P/D Telephone Number

$5 Additional Fee required for Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

DO NOT WRITE IN THIS SPACE

Filing Fee of $25 Required - Make Checks Payable To: Secretary of State

H24429
OLIVARES & GALAN CORPORATION
% RAUL OLIVARES SR.
273 NE 2ND ST
MIAMI, FL 33131

2. Enter Change of Address of Corporate Principal Office (P.O. Box Number Alone is NOT Sufficient)

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

4. Date of First Report: 09/24/1984

5. Date of Last Report: 07/22/1987

OLIVARES, MILSA P/D 273 NE 2ND ST MIAMI, FL

REGISTERED AGENT INFORMATION

6. Current Address of New Registered Agent

OLIVARES, RAUL, SR.

273 NE 2ND ST

MIAMI, FL 33132

Street Address (Do Not Use P.O. Box Number) 62

City (Do Not Use P.O. Box Number) 63

State 64 FL

Zip Code 65

DATE

6-27-88

FILE NOW! ANNUAL REPORT DELINQUENT APTER JULY 1ST

CORPORATION

ANNUAL REPORT
1989

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
1989 JUL -5 AM 10:27
FLORIDA CORPORATION
STATE

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

ZIP + 4

H24429 3
OLIVARES & GALAN CORPORATION
[redacted] c/o DISCOUNT CENTER
[redacted]

2 Enter Change of Address for Current Principal Office, PO Box Number Above if NOT Applicable

Street Address 21
293 N.E. 2 ST. #105

PO Box No 22

City and State 23
MIAMI, FLORIDA 33132

Zip Code 24
33132

3 Date of Incorporation	4 Federal Employer Identification No. (F.E.I.)	5 Date of Last Report
09/24/1984	59-2759379	07/06/1988

	1 Names of Officers and Directors	2 Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers)	3 City and State
P/D	OLIVARES, ELSA	[redacted] 293 N.E. 2 ST	MIAMI, FL

REGISTERED AGENT INFORMATION

[redacted]
MIAMI, FL 33132

4 Name and Address of New Registered Agent

Name of
ELSA OLIVARES

Street Address (DO NOT Use P.O. Box Number) #2
293 N.E. 2 ND STREET, # 105

City #3
MIAMI

State #4
FL.

Zip Code #5
33132

4/21/89

Signature

Date 5/5/89

5/5/89

Signature

ELSA OLIVARES PRESIDENT

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

90 JUL -2 PM 3:07

Read Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

H24429 3

ZIP + 4 PRESORT

OLIVARES & GALAN CORPORATION
% DISCOUNT CENTER
293 N.E. 2ND ST., #105
MIAMI, FL 33132-2212

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The address of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified to Do Business in Florida: 09/24/1984

4. FEI Number: 59-2759379

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	OLIVARES, ELSA	293 N.E. 2ND ST.	MIAMI, FL
[redacted]			
V	OLIVARES, SUSANNA	293 N.E. 2ND ST	MIAMI, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

OLIVARES, ELSA
293 N.E. 2ND ST., #105
MIAMI, FL 33132

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this report for the purpose of maintaining its registered office or registered agent, or both, in the State of Florida.

Changes Authorized by Unanimous Duly Adopted Resolution of Directors

By affixing the appointment of the new registered agent's signature with a manual signature pursuant to Section 607.325 F.S.

SIGNATURE (Required if Agent Appointing Agent) DATE

I hereby certify that the information contained on this annual report or supplemental report is true and accurate and that my signature shall serve the same legal effect as an oath. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or amending authorization to do business in Florida is a third degree felony as provided for in s. 817.155, F.S.

Susanna Olivares

Date 6/29/90

Name of Signing Officer or Director: SUSANNA OLIVARES

Title: VICE-PDT.

Telephone number: (305) 372-8682

10. Additional Fee required by a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JL-331

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation DOCUMENT #H24429 (3)

ZIP + 4 PRESORT

OLIVARES & GALAN CORPORATION
% DISCOUNT CENTER
293 N.E. 2ND ST., #105
MIAMI, FL 33132-2212

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3 If Incorporated or Qualified to Do Business in Florida: 09/24/1984

4 FEI Number: 59-2759379

FEI Number Applied For

FEI Number Not Applicable

5 $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P/D	OLIVARES, ELSA	293 N.E. 2ND ST.	MIAMI, FL
V	OLIVARES, SUSANNA	293 N.E. 2ND ST.	MIAMI, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

OLIVARES, ELSA
293 N.E. 2ND ST., #105
MIAMI, FL 33132

8 Name and Address of New Registered Agent

81 Name

82 Street Address (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

85 State: FL

86 Zip Code

Pursuant to the provisions of Section 607.0502 or 617.0502, Florida Statutes, the undersigned corporation submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

SIGNATURE _____ DATE 6-20-91

Registered Agent Accepting Appointment

3 312 8.52

FILING FEE OF $61.25 REQUIRED -- Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status