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11/17/95 12:51 AM

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAS-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166-0000
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

NAME: CRYSTAL COLOR L.C.
DOCUMENT TYPE: LIMITED LIABILITY COMPANY

FAX AUDIT NUMBER: H95000013009
DATE REQUESTED: 11/17/1995
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((H95000013009))

** ENTER 'M' FOR MENU. **

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NOV 17 PM 3:07
TALLAHASSEE, FLORIDA

11/17/95

NOV 17 1995

NOV 17 PM 1:58

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

FILED
95 NOV 17 PM 3:07
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRYSTAL COLOR L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8897 FONTAINEBLEAU BLVD. #208
MIAMI, FLORIDA. 33172

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

 The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

 x The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

FEDERICO VALERY 8897 FONTAINEBLEAU BLVD. #208
 MIAMI, FLORIDA 33172

NIEVES CONTRERAS 8897 FONTAINEBLEAU BLVD. #208
 MIAMI, FLORIDA 33172

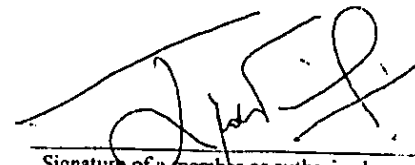
CLARA WALLER 8897 FONTAINBLEAU BLVD. #208
 MIAMI, FLORIDA 33172

Prepared by: Sergio de Varona
8260 W. Flagler St., suite 1L
Miami, Fl 33144
(305) 551-9795

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of CRYSTAL
COLOR L.C. _____ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ _____. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 1,000.00. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENTS/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CRYSTAL COLOR L.C.

2. The name and address of the registered agent and office is:

CLARA WALLER

(Name)

8897 Fontainebleau Blvd. #208

(P.O. Box not acceptable)

Miami, Florida 33172

(City/State/Zip)

FILED
95 NOV 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above
state limited liability company at the place designated in this certificate, 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 relating to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent.



(Signature)

November 17th, 1995

(Date)

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

96 MAY -3 PM 4:57

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75 Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000890

CRYSTAL COLOR L.C.
8897 FONTAINBLEAU BLVD.
#208
MIAMI FL 33172

1a. Principal Place of Business Address

8897 FONTAINBLEAU BLVD.
#208
MIAMI FL 33172

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/17/1995	FL
City & State		City & State		4. FEI Number	☐ Applied For ☐ Not Applicable
Zip		Zip		65-0632361	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					☐ Additional Fee Required

7. Name and Address of Current Registered Agent

VALERY, FEDERICO
8897 FONTAINBLEAU BLVD.
#208
MIAMI FL 33172

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

388881812745
-05/03/96--01015--024
****238.75 ****238.75
Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when terminating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VALERY, FEDERICO	8897 FONTAINBLEAU BLVD. #208	MIAMI FL
MGRM	CONTRERAS, NIEVES	8897 FONTAINBLEAU BLVD. #208	MIAMI FL
MGRM	WALLER, CLARA	8897 FONTAINBLEAU BLVD. #208	MIAMI FL

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Crystal Color* *Waller* *4/30/96* *6-17-6717*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
CLARA E. WALLER