

M 48901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

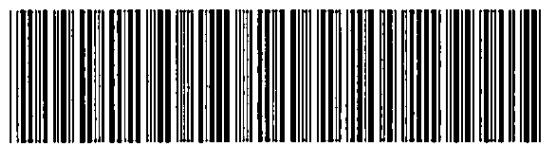
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200334306772

H48901

March 24, 1987

3/27/87	000003	067
DOMESTIC FILING		
REGISTERED AGENT		3.00
CHARTER TAX		40.00
CHARTER FILING		15.00
CERTPHOTO COPY		15.00
TOTAL		73.00

Secretary of State

Attn: Division of Corporations

Gentlemen:

Enclosed please find Articles of Incorporation of ^{letter} LEMARK CORPORATION
and check amounting to \$73.00 for filing
fees as follows:

Filing fees	\$40.00
Certified Copy	15.00
Resident agent	15.00
	3.00
	<u>\$73.00</u>

Mar 24 1987
SECRETARY OF STATE
MIAMI, FLORIDA

FILED

Very truly yours,

Sgt. Pedro Rodriguez

Enclosures

Name Availability	Sgt P
Document Examiner	W.P.
Updater	W.P.
U/caller Verifier	HCN
Acknowledger	W.P.
W. P. Verifier	W.P.

C. TAX	40 -
FILING	15 -
R. AGENT	3 -
C. CPY	15 -
TOTAL	73 -
R. BANK	
BAL TO DUE	
REFUND	
PENALTY DRY	

Charter # Only

VALIDATION ONLY

LEMARK CORPORATION

Requestor's Name

2588 S.W. 27th AVENUE

Address

MIAMI FLORIDA 33133

City State ZIP Phone #

CORPORATION(S) NAME

Florida LENMARK CORPORATION

PROFIT AMENDMENT MERGER

NON-PROFIT DISSOLUTION MARK

FOREIGN ANNUAL REPORT RESERVATION

LIMITED PARTNERSHIP OTHER

CERTIFIED COPY PHOTO COPIES CERTIFICATE UNDER SEAL

WALK IN WILL WAIT PICK UP MAIL OUT CALL AFTER 4:30

Name:
Availability:
Document Examiner:
Updater:
Updater Verifier:
Acknowledgment:
W.P. Verifier:

MY48901

FILED

MAY 21 1970

CLERK

ARTICLES OF INCORPORATION

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, liability, rights, privileges and immunities of corporations for profit.

ARTICLE I, NAME

The name of this corporation shall be:

Florida Lemark Corporation

ARTICLE II, NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

That the present main business of the corporation is as follows:

Commission Broker

ARTICLE III, CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is One Hundred (100) Shares of common stock, of One Hundred Dollars (\$100.00) par value.

ARTICLE IV, INITIAL CAPITAL

The amount of capital with which this Corporation shall begin business will be not less than Five Hundred (\$500.00) Dollars.

ARTICLE V, TERM OF EXISTENCE

The Corporation is to have perpetual existence.

ARTICLE VI, ADDRESS

The initial street address in this State of the principal office of the corporation shall be: 2588 S.W. 27th AVENUE MIAMI, FLORIDA 33133

The Board of Directors may from time to time move the principal office to any other address in Florida.

ARTICLE VII, DIRECTORS

This corporation shall have 1 directors initially. The number of directors may be increased or decreased from time to time in such manner as may be prescribed by the By-Laws, but never be less than one (1).

The corporation shall indemnify and hold harmless each person who shall serve at any time hereafter as a director or officer of the corporation, and any person who serves at the request of this corporation, as a director or officer of any other corporation, from and against any and all claims and liabilities to which such person shall become subject by reason of this having heretofore or hereafter being a director or officer of the corporation, or by reason of any action alleged to have been heretofore or hereafter taken or omitted by him as such director or officer, and shall reimburse each such person

for all legal and other expenses reasonably incurred by him in connection with any claim or liability provided that no person shall be indemnified against, or be reimbursed for, any expenses incurred in connection with any claim or liability as to which it shall be adjudged that such officer or director is liable for negligence or willful misconduct in the performance of his duties.

The rights accruing to any person under the foregoing provisions shall not exclude any other right to which he may be lawfully entitled nor shall anything herein contained restrict the right of the corporation to indemnify, reimburse such person in any proper case even though not specifically herein provided for.

No contract or other transaction between this corporation and any other corporation, and no act of this corporation shall in any way be effected or invalidated by the fact that any of the directors or the corporation are pecuniarily or otherwise interested in, or are directors or officers of, such other corporation; any director individually, or any firm of which any director may be a member, may be a party to, or may be pecuniarily or otherwise interested in, any contract or transaction of the corporation, provided that the fact that he or such firm so interested shall be disclosed or shall have been known to the Board of Directors or such members thereof as shall be present at any meeting of the Board at which action upon any such contract or transaction shall be taken; and any directors of the corporation who is also a director or officer of such other corporation or is so interested may be counted in determining the existence of a quorum at any meeting of the Board of Directors of the Corporation which shall authorize any such contract or transaction, and may vote

thereat to authorize any such contract or transaction, with the like force and effect as if he were not such director or officer of such other corporation or not so interested.

ARTICLE VIII, INITIAL DIRECTORS

The names and addresses of the first Board of Directors and of the officers, who, subject to the provisions of these Articles of Incorporation, By-Laws of this Corporation, and the corporation laws of the State of Florida, shall hold office the first year of the corporation's existence, or until their successors are elected and have qualified, are as follows:

<u>Name</u>	<u>Title</u>	<u>Address</u>
LINDA RODRIGUEZ	PRESIDENT, SECRETARY & DIRECTOR	2588 S.W. 27th AVENUE MIAMI, FLORIDA 33133

ARTICLE IX, INCORPORATORS

The names and addresses of each incorporators of these Articles of Incorporation are as follows:

<u>Name</u>	<u>Address</u>
LINDA RODRIGUEZ	2588 S.W. 27th AVENUE MIAMI, FLORIDA 33133

ARTICLE X, OFFICERS

The officers of this Corporation shall be a President, one or more Vice-Presidents, a Secretary and Treasurer, and such other officers, agents and factors as may be deemed necessary. All officers, agents and factors shall be chosen in such manner, hold their offices for such terms, and have such powers and duties as may be prescribed by the By-Laws or determined by the Board of Directors.

ARTICLE XI, AMENDMENT

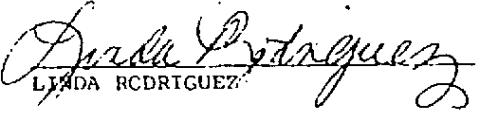
This Corporation reserves the right to amend, alter, change, or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by Statute, and all rights conferred on stockholders herein granted subject to this reservation.

ARTICLE XII, REGISTERED AGENT
AND REGISTERED ADDRESS

LINDA RODRIGUEZ

2588 S.W. 27th AVENUE
MIAMI, FLORIDA 33133

IN WITNESS WHEREOF, the undersigned, as subscribing incorporators, have hereunto set our hands and seals this 24th day of March, 1987 for the purpose of forming this Corporation under the Laws of the State of Florida, and hereby make and file, in the office of the Secretary of State of Florida, these Articles of Incorporation, and certify that the facts herein stated are true and correct.

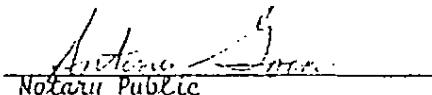

LINDA RODRIGUEZ

STATE OF FLORIDA)
SS:
COUNTY OF DADE)

BEFORE ME, personally appeared LINDA RODRIGUEZ

known to me to be the person(s) described in and who executed the foregoing Articles of Incorporation and acknowledged before me that they executed the same freely and voluntarily for the purposes herein stated.

WITNESS my hand and official seal at Miami, Dade County, Florida,
this 24th day of MARCH, 19 87.



Notary Public
State of Florida at Large

My commission expires: MY COMMISSION EXPIRES: DEC. 12, 1990.
BONDED THRU NOTARY PUBLIC UNDERWRITER.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE
FOLLOWING IS SUBMITTED:

FIRST THAT Ronda Lemark Corporation

(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,
WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI
(CITY)

STATE OF FLORIDA, HAS NAMED LINDA RODRIGUEZ
(STATE) (NAME OF RESIDENT AGENT)

LOCATED AT 2588 S.W. 27th AVENUE
(STREET ADDRESS AND NUMBER OF BUILDING,
POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
(CITY)

SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

Linda Rodriguez
(CORPORATE OFFICER)

TITLE

PRESIDENT, SECRETARY

DATE

March 24, 1987

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH
THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES.

SIGNATURE

Linda Rodriguez
(RESIDENT AGENT)

DATE March 24, 1987

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

DO NOT FILE IN THIS SPACE.

CORPORATION

**ANNUAL REPORT
1988**



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

Form 3320-5
Revised 7-16-86

CRB304 (Rev. 8/86)

Filler Fee \$3.50 Required - Make Checks payable to: Secretary of State

1. Name and Address of Corporation Principal Office

M48961
**FLORIDA LEMARK CORPORATION
2588 S.W. 27TH AVENUE
MIAMI, FL 33133**

If above address is incorrect in any way, enter the correct address
Form 2 (Include Zip Code)

2. If no Change of Address of Corporation Principal
Office, P.O. Box Number Alone is NO. Suff. Ind.

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

03/24/1987

4. Federal Employer
Identification Number (EIN)

5. Date of
Last Report

- 6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Date
RODRIGUEZ, LINDA	P/S/D	2588 SW 27TH AVE	MIAMI, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

**RODRIGUEZ, LINDA
2588 S.W. 27TH AVENUE
MIAMI, FL 33133**

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

Zip Code 85

FL

9. 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 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

(Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, date first transacted business in Florida

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director 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.
(Officer or Director signing must be listed in Block E)

Signature

Type Name of Signing Officer or Director

LINDA RODRIGUEZ

Date

4/15/88

Telephone Number

(305)444-2213

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$6 Additional Fee
Required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

DATE FILMED IN THIS SERVICE

CORPORATION



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

ANNUAL REPORT
1989

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

1. Name and Address of Corporation Principal Office:

ZIP + 4

M48901 6
FLORIDA LIEMARK CORPORATION
2588 S.W. 27TH AVENUE
MIAMI, FL 33133-2143

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

2. Enter Change of Address of Corp Nation Principal
Office PO Box Number Alone is NOT Sufficient

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

03/24/1987

4. Federal Employer
Identification Number (FEIN)

FA-2184516

5. Date of
Last Filing

04/20/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State	Date
P/S/D	RODRIGUEZ, LINDA	2588 SW 27TH AVE	MIAMI, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

RODRIGUEZ, LINDA
2588 S.W. 27TH AVENUE
MIAMI, FL 33133

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use PO Box Number) 82

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

City and State 84

FL.

Zip Code 85

9. 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 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

(Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, date first transacted business in Florida

See signature restrictions under Instructions on reverse side of this form.

I Certify That I Am An Officer or Director 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 Effects As If Made Under Oath.

(Officer or Director signing must be listed in Block 6)

Signature

Date

MARCH 24, 1989

Typed Name of Signing Officer or Director

LINDA RODRIGUEZ

Telephone Number

(305)444-2213

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee
Required for
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

[EJ-173]

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

Read Instructions on Other Side Before Making Entries

FILING FEE OF \$61.25 REQUIRED

1. Name and Mailing Address of Corporation **DOCUMENT #M48901 (6)**

ZIP + 4 PRESORT

FLORIDA LEMARK CORPORATION
9412 S.W. 36TH STREET
MIAMI, FL 33165-4006

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

DO NOT WRITE IN THIS SPACE
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. PO Box No.

23. City and State

24. Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 03/24/1987	4. FEI Number 59-2784516	5. FEI Number Applied For \$8.75 Additional Fee Required for a Certificate of Status	6. FEI Number Not Applicable	7. 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
1. P/S/D	RODRIGUEZ, LINDA	9412 S.W. 36TH STREET	MIAMI, FL
2.			
2a.			
3.			
3a.			
4.			
4a.			
5.			
5a.			
6.			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

**RODRIGUEZ, LINDA
9412 S.W. 36TH STREET
MIAMI, FL 33165**

8. Name and Address of New Registered Agent

81. Name

82. Street Address (Do NOT Use PO Box Number)

83. Street Address (Do NOT Use PO Box Number)

84. City

85. Zip Code

FL

9. Pursuant to the provisions of Sections 607.502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.6506, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Linda Rodriguez* DATE *11/29/91*
Typed Name of Signer Officer or Director *Linda Rodriguez* Title *President* Telephone Number Daytime *(305) 559-1262*

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State **\$8.75 Additional Fee Required
(for a Certificate of Status)**

CGFEG145B

DO NOT WRITE IN THIS SPACE

**APPLICATION
FOR
REINSTATEMENT**

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

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

M48901

FLORIDA LEMARK CORPORATION
9412 S.W. 36TH STREET
MIAMI, FL 33165

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

93 MAY -3 PM 3:55

SP53

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

Address
100 FOURTH LANE

Address
KEY LARGO, FL

City and State
33037

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

03/24/1987

4. FEI Number

59-2784516

**\$8.75 Additional Fee Required
for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director:

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/S/D	RODRIGUEZ, LINDA	9412 S.W. 36TH STREET	MIAMI, FL
		100 FOURTH LANE	KEY LARGO, FL 33037
			0300000428540 0540542201082-010 \$444575.00 444575.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

**RODRIGUEZ, LINDA
9412 S.W. 36TH STREET
MIAMI, FL 33165**

8. Name and Address of New Registered Agent and/or Office

Name
Jane
Street Address (Do NOT Use P.O. Box Number)
100 FOURTH LANE
Street Address (Do NOT Use P.O. Box Number)
100 FOURTH LANE
City and State
KEY LARGO FL 33037

CR2509 (6-92)

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Linda Rodriguez
REGISTERED AGENT MUST SIGN

Date **4-14-93**

(See other side for
additional information.)

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when I file this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Officer or Director

Linda Rodriguez, Pres. Date **4-14-93** Daytime Phone # **(305) 451-1122**
Typed or printed name of signing officer or director *Linda Rodriguez, President*

FILE NOW! FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS																																																																													
1. Corporation Name FLORIDA LEMARK CORPORATION		DOCUMENT # M48901 (6)																																																																													
MAILING ADDRESS 100 FOURTH LANE KEY LARGO FL 33037		Principal Place of Business 100 FOURTH LANE KEY LARGO FL 33037																																																																													
<p>If above addresses are incorrect in any way, file through incorrect information and order correction below.</p> <table border="1"> <tr> <td>2. Mailing Address</td> <td>20. Principal Place of Business</td> <td>30. Date Incorporated or Quasi-Stat.</td> <td>31. Date of Last Report</td> </tr> <tr> <td>21. Suite, Apt. #, etc.</td> <td>26. "Same"</td> <td>03/24/1987</td> <td>05/03/1993</td> </tr> <tr> <td>22. City & State</td> <td>27. Suite, Apt. #, etc</td> <td>4. FBI Number</td> <td>5. Appointed For Not Applicable</td> </tr> <tr> <td>23. Zip</td> <td>28. City & State</td> <td>5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/></td> <td>6. Election Criterion Banking Trust Fund Constitution <input type="checkbox"/></td> </tr> <tr> <td>24. Zip</td> <td>29. Country</td> <td>7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/></td> <td>8. \$5.00 May Be Added to Fees</td> </tr> <tr> <td>25. Country</td> <td>30. Zip</td> <td>8. This corporation has liability for intangible tax under S. 199.032. Hold: Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>10. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2">9. Name and Address of Current Registered Agent RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037</td> <td>81. Name</td> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"></td> <td>83.</td> <td>84. City FL 105. Zip Code</td> </tr> <tr> <td colspan="4"> <p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, by its statement, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502 or 617.0508, Florida Statutes.</p> </td> </tr> <tr> <td colspan="4"> <p>SIGNATURE: <i>Linda Rodriguez</i> Registration Agent According to Section 617.0502. Registered Agent signature required on this page.</p> </td> </tr> <tr> <td colspan="2">12. OFFICERS AND DIRECTORS</td> <td colspan="2">13. CHANGES TO OFFICERS AND DIRECTORS IN 12</td> </tr> <tr> <td>11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP</td> <td>P/S/D RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037</td> <td>11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP</td> <td></td> <td>21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP</td> <td></td> <td>31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP</td> <td></td> <td>41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP</td> <td></td> <td>51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP</td> <td></td> <td>61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="4"> <p>14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(N), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(N) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.</p> </td> </tr> <tr> <td colspan="2">SIGNATURE: <i>Linda Rodriguez</i></td> <td colspan="2">LEGATURATE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Linda Rodriguez 1/27/94 (305)451-1422</td> </tr> </table>				2. Mailing Address	20. Principal Place of Business	30. Date Incorporated or Quasi-Stat.	31. Date of Last Report	21. Suite, Apt. #, etc.	26. "Same"	03/24/1987	05/03/1993	22. City & State	27. Suite, Apt. #, etc	4. FBI Number	5. Appointed For Not Applicable	23. Zip	28. City & State	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Criterion Banking Trust Fund Constitution <input type="checkbox"/>	24. Zip	29. Country	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	8. \$5.00 May Be Added to Fees	25. Country	30. Zip	8. This corporation has liability for intangible tax under S. 199.032. Hold: Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Name and Address of New Registered Agent	9. Name and Address of Current Registered Agent RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037		81. Name	82. Street Address (P.O. Box Number is Not Acceptable)			83.	84. City FL 105. Zip Code	<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, by its statement, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502 or 617.0508, Florida Statutes.</p>				<p>SIGNATURE: <i>Linda Rodriguez</i> Registration Agent According to Section 617.0502. Registered Agent signature required on this page.</p>				12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P/S/D RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<p>14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(N), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(N) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.</p>				SIGNATURE: <i>Linda Rodriguez</i>		LEGATURATE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Linda Rodriguez 1/27/94 (305)451-1422	
2. Mailing Address	20. Principal Place of Business	30. Date Incorporated or Quasi-Stat.	31. Date of Last Report																																																																												
21. Suite, Apt. #, etc.	26. "Same"	03/24/1987	05/03/1993																																																																												
22. City & State	27. Suite, Apt. #, etc	4. FBI Number	5. Appointed For Not Applicable																																																																												
23. Zip	28. City & State	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Criterion Banking Trust Fund Constitution <input type="checkbox"/>																																																																												
24. Zip	29. Country	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	8. \$5.00 May Be Added to Fees																																																																												
25. Country	30. Zip	8. This corporation has liability for intangible tax under S. 199.032. Hold: Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Name and Address of New Registered Agent																																																																												
9. Name and Address of Current Registered Agent RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037		81. Name	82. Street Address (P.O. Box Number is Not Acceptable)																																																																												
		83.	84. City FL 105. Zip Code																																																																												
<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, by its statement, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502 or 617.0508, Florida Statutes.</p>																																																																															
<p>SIGNATURE: <i>Linda Rodriguez</i> Registration Agent According to Section 617.0502. Registered Agent signature required on this page.</p>																																																																															
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																													
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P/S/D RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP																																																																													
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP																																																																													
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP																																																																													
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP																																																																													
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP																																																																													
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP																																																																													
<p>14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(N), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(N) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.</p>																																																																															
SIGNATURE: <i>Linda Rodriguez</i>		LEGATURATE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Linda Rodriguez 1/27/94 (305)451-1422																																																																													

FILE NOW! FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 MAR 16 AM 10:36

1. CORPORATION ANNUAL REPORT 1995	2. COMPANY NAME FLORIDA LEMARK CORPORATION
DOCUMENT # M48901	(6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Primary Place of Business 100 FOURTH LANE KEY LARGO FL 33037	Mailing Address 100 FOURTH LANE KEY LARGO FL 33037
2. Previous Place of Business 21 20131 3IV 114 Place State, Apt. # or 22 City & State 23 Miami, Florida Zn 33 Country USA 24 33 25 Dade	2a. Mailing Address 26 P.O. Box 1479 State, Apt. # or 27 City & State 28 Key Largo, Florida Zn 33037 Country USA 29

1. Date Incorporated or Organized 03/24/1987	3a. Date of Last Report 02/02/1994
4. EIN Number 59-2784516	Approved For Not Applicable
5. Certificate of Status Due and Fee required	\$0.75 Additional Fee required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has liability for tangible tax under S. 199 Q32. Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9. Name and Address of Current Registered Agent RODRIGUEZ, LINDA 100 FOURTH LANE KEY LARGO FL 33037	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Linda Rodriguez

NOTE: Registered Agent Signature required when volume

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	45 TITLE 46 NAME 47 STREET ADDRESS 48 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	65 TITLE 66 NAME 67 STREET ADDRESS 68 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Rodriguez* Linda Rodriguez (305) 451-1182
SPLAT/CDR WHO TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date
009543 CP

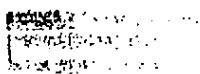
FLORIDA LEMARK CORP.

Concrete Restoration, Painting & Waterproofing

M48901

October 26, 1995

Florida Department of State
Division of Corporations
Amendment Filing Section
P.O. Box 6327
Tallahassee, FL 32314



500001623375
-10/31/95-01022-011
*****35.00 *****35.00

Re: Document Number M48901

Dear Sir:

Enclosed please find Articles of Amendment of Florida Lemark Corporation and check in the amount of \$35.00 for filing fees.

Sincerely,

Linda Rodriguez
Linda Rodriguez
President

FILED
95 OCT 30 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

VS NOV 2 1995

ARTICLES OF AMENDMENT
OF
FLORIDA LEMARK CORPORATION

FILED
95 OCT 30 PM 12144
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, the undersigned, being the incorporator and director named in the Articles of Incorporation of Florida Lemark Corporation, a Florida Corporation, hereby certify as follows:

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

Article II. Nature of Business

The general nature of the business to be transacted by this Corporation shall be any and all activities permitted under the laws of the United States and under the Laws of the State of Florida.

The foregoing resolution was adopted by the incorporator, director and shareholder on September 29, 1995.

The undersigned has made, subscribed and acknowledged these Articles of Amendment this 29th day of September 1995.



Linda Rodriguez

President, Director and Stockholder

I HEREBY CERTIFY that on the 5th day of October, 1995,
personally appeared before me, an authorized officer duly
commissioned to administer oaths and take acknowledgments,

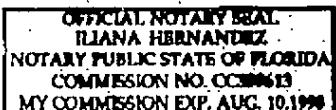
LINDA RODRIGUEZ

to me well known and known to me to be the person who
executed the foregoing ARTICLES OF AMENDMENT and who
acknowledged that it was signed and executed for the uses
and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official
seal at Miami, Dade County, Florida, the day and year first
above written.

Ilana Hernandez
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:



Ramon A. Feliciano

Certified Public Accountant

June 24, 1996

M48901

Division of Corporation
P.O.Box 6327
Tallahassee, Fl 32314

(305) 442-4229
(305) 442-4340
Fax: (305) 442-4882
Drexler: 540-1639
801 Monterey
Suite # 204
Coral Gables,
Florida
33134

Gentlemen:

This letter is to inform you of the new address of
Florida Lemark Corporation:

8181 N.W. 36th. Street Suite # 21-B
Miami, FL 33166 M48901

Please make the necessary changes in your records.

Any question don't hesitate to call me.

Member
of the
American
Institute
of Certified
Public
Accountants

Sincerely,

Ramon A. Feliciano

Ramon A. Feliciano C.P.A.

Member
of the
Florida
Institute
of Certified
Public
Accountants

cc: Roberto De Gongora

ffle

upd
GP 7/3