

P95000011630

8 1964

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

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33136- FL 33418-0000
CONTACT: RAY STORMONI
PHONE: (305) 541-3804
FAX: (305) 541-3770

(((H95000001704)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: CONTINENTAL COMMUNICATIONS OF MIAMI, INC.
FAX AUDIT NUMBER: H95000001704
DATE REQUESTED: 02/10/1995
CURRENT STATUS: REQUESTED
CERTIFIED COPIES: 1
TIME REQUESTED: 11:54:22
NUMBER OF PAGES: 3
CERTIFICATE OF STATUS: 0
ESTIMATED CHARGE: \$122.50
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072460003266

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000001704)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM Connect: 00:04

TALLAHASSEE, FLORIDA
55 FEB 10 PM 2:01
FILED

RECEIVED
FEB 10 PM 1:13

Prepared By:
SILVIA RODRIGUEZ
13495 W 19TH ST
MIA-FL 33145
#420 B
(305) 648.1500

TALLAHASSEE, FLORIDA

95 FEB 10 PM 2:01

FILED

H 9500000 1704

ARTICLES OF INCORPORATION
OF
CONTINENTAL COMMUNICATIONS OF MIAMI, INC.

THE UNDERSIGNED INCORPORATOR DESIRE TO FORM A CORPORATION PURSUANT THE CHAPTER 607, FLORIDA STATUTES AND HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION FOR SUCH CORPORATION.

ARTICLE I

NAME: THE NAME OF THE CORPORATION SHALL BE:
CONTINENTAL COMMUNICATIONS OF MIAMI, INC.

ARTICLE II

PURPOSE AND POWER: THE PURPOSE FOR WHICH THE CORPORATION IS FORMED IS TO ENGAGE IN ANY ACTIVITY AND BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE III

PRINCIPAL OFFICE: THE ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE SHALL BE:
12360 S.W. 194 ST. MIAMI, FL. 33177

ARTICLE IV

INCORPORATOR: THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MIGUEL ANGEL HERRERA
12360 S.W. 194 STREET
MIAMI, FLORIDA 33177

ARTICLE V

DIRECTOR: THE NUMBER OF DIRECTOR CONSTITUTING THE CORPORATION'S INITIAL BOARD OF DIRECTOR ONE, WHOSE NAME IS:

MIGUEL ANGEL HERRERA
12360 S.W. 194 STREET
MIAMI, FLORIDA 33177

ARTICLE VI

SHARES OF STOCK: THE AGGREGATES NUMBER OF SHARES OF STOCK THE CORPORATION IS AUTHORIZED TO ISSUE IS ONE HUNDRED (100) SHARES SHALL BE COMMON STOCK HAVING TWO DOLALRS (\$2.00) PAR VALUE.

H 9500000 1704

H9500000 1704

ARTICLE VII


DURATION: THE DURATION OF THE CORPORATION SHALL BE PERPETUAL.

ARTICLE VIII


REGISTERED AGENT: THE NAME AND ADDRESS OF PERMANENT REGISTERED AGENT IS:

MIGUEL ANGEL HERRERA
12360 S.W. 194 STREET
MIAMI, FLORIDA 33177

IN WITNESS THEREOF, I HAVE EXECUTED THESE ARTICLES OF INCORPORATION IN MIAMI, DADE COUNTY, FLORIDA ON THIS 9 DAYS OF FEBRUARY 1995.


MIGUEL ANGEL HERRERA

THE UNDERSIGNED HEREBY ACCEPTS THE APPOINTMENT OF REGISTERED AGENT FOR CONTINENTAL COMMUNICATIONS OF MIAMI, INC.


MIGUEL ANGEL HERRERA
195 FEB 10 PM 2:01
ALLAHBASSSET FLORIDA

FILED

H9500000 1704

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV -7 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011630

1. Corporation Name

CONTINENTAL COMMUNICATIONS OF MIAMI, INC.

Principal Place of Business

Mailing Address

12360 S.W. 194TH ST.
MIAMI FL 33177

12360 S.W. 194TH ST.
MIAMI FL 33177

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 96

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/10/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

650555645

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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 / State / Zip
D	HERRERA, MIGUEL A	12360 S.W. 194TH ST.	MIAMI FL 33177
			200002003062--1 -11/13/96--01123--017 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRERA, MIGUEL A
12360 S.W. 194TH ST.
MIAMI FL 33177

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

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 filing 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #