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LESLIE ALAN SCHERE, P.A.
OF COUNSEL
FAX (305) 398-0000

February 9, 1995

Divisions of Corporation
Bureau of Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

RECORDED & INDEXED
-02714295 -01068 -0012
***122.50 ***122.50

Re: Info-Cuba, Inc.
Our File No. 2094-29-95

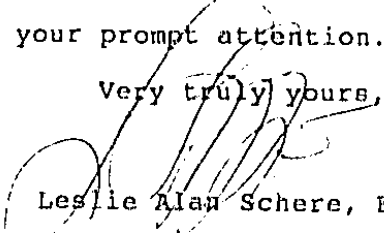
Dear Sir/Madam:

Enclosed please find Articles of Incorporation and my trust
account check in the amount of \$122.50, representing the following:

Filing Fee	\$ 32.50
Certified Copy	\$ 52.50
Registered Agent	
Designation	<u>\$ 35.00</u>
	\$122.50

Thank you for your prompt attention.

Very truly yours,


Leslie Alan Schere, Esq.

LAS:em

encls.

D. REGISTER FEB 14 1995

FILED
FEB 13 1995
TALLAHASSEE, FL
CLERK OF COURT

ARTICLES OF INCORPORATION
OF
INFO-CUBA, INC.

FILED
1980 SEP 13 PM 1:12
CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

INFO-CUBA, INC.

The address of the principal office of this corporation shall be c/o Leslie Alan Schero, P.A., Suite 2300 - Miami Center, 201 South Biscayne Boulevard, Miami, Florida 33131-4329, and the mailing address shall be the same.

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 100 shares of common stock having \$1.00 par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be Suite 2300 - Miami Center, 201 South Biscayne Boulevard, Miami, Florida 33131-4329, and the name of the initial registered agent of the corporation at the address is Leslie Alan

Schere, P.A.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The name and street address of the initial member of the Board of Director is:

Humberto Leon	Suite 2300 - Miami Center
Director	201 South Biscayne Boulevard
	Miami, Florida 33131-4329

ARTICLE VII. OFFICERS

The name and address of the initial officer of the corporation who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Humberto Leon	Suite 2300 - Miami Center
President	201 South Biscayne Boulevard
	Miami, Florida 33131-4329

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Leslie Alan Schere, P.A.
Suite 2300 - Miami Center
201 South Biscayne Boulevard
Miami, Florida 33131-4329

IN WITNESS WHEREOF, the undersigned President of Leslie Alan

Schere, P.A., has heretofore set his hand and seal of Leslie Alan Schere, P.A., Inc., on this 7th day of February, 1995.

LESLIE ALAN SCHERE, P.A.

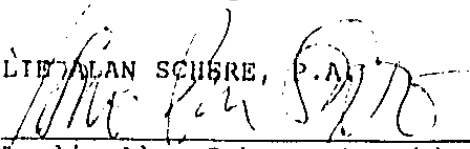
By 

Leslie Alan Schere, President

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION**

Leslie Alan Schere, P.A., a Florida Professional Corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

LESLIE ALAN SCHERE, P.A.

By 

Leslie Alan Schere, President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandrin B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012556
INPO-CUBA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV - 6 PM 3:40

unit 117

Principal Place of Business
Sto 2300 - Miami Center
201 S. Biscayne Blvd.
Miami, FL 33131-4329

Mailing Address
Sto. 2300 - Miami Center
201 S. Biscayne Blvd.
Miami, FL 33131-4329

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

2. New Principal Office Address, If Applicable
1550 S. Dixie Hwy
Suite Apt. #, etc.

3. New Mailing Office Address, If Applicable
1550 S. Dixie Hwy
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida
DO NOT WRITE IN THIS SPACE

Suite 215
City & State
Coral Gables, FL
Zip
33146
Country
USA

Suite 215
City & State
Coral Gables, FL
Zip
33146
Country
USA

6. FEI Number
59 3370344
Applied For
Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

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
P/D	Humberto Leon	Suite-2300 201-S-Biscayne-Blvd.	Miami-FL-33131-4329
P/D	Jaime Suchlicki	1135 San Pedro Avenue	Coral Gables, FL 33156

8. Name and Address of Current Registered Agent

Leslie-Alan-Schere
Suite-2300---Miami-Center
201-S--Biscayne-Blvd.
Miami,--Florida-33131-4329

9. Name and Address of New Registered Agent

Jaime Suchlicki
Street Address (P.O. Box Number is Not Acceptable)
1135 San Pedro Avenue
Suite, Apt. #, Etc.

City
Coral Gables
State
FL
Zip Code
33156

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-26-96

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

12. 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.)

13. I 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 request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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:

[Signature] JAIME SUCHLICKI, Pres

Date 10-26-96 6632P22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #