

02/24/95 13:17 FAX TO CORPORATE AGENTS (305) 582-91 P. 001

CHANGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

2/24/95 FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM 12:23 AM

((H95000002223)) PUBLIC ACCESS SYSTEM  
 TO: DIVISION OF CORPORATIONS ELECTRONIC FILING COVER SHEET  
 DEPARTMENT OF STATE FROM: FAS-T CORP. AGENTS, INC.  
 STATE OF FLORIDA 8405 NW 53RD ST  
 409 EAST GAINES STREET SUITE C-100  
 TALLAHASSEE, FL 32399 MIAMI FL 33166-  
 FAX: (904) 922-4000 CONTACT: LIDIA FERNANDEZ  
 PHONE: (305) 588-0000

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

FAX AUDIT NUMBER: H95000002223 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 02/24/1995 TIME REQUESTED: 12:27:25

CERTIFIED COPIES: 0  
CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

ESTIMATED CHARGE: \$78.75

**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.

## ENTER 'M' FOR MENU. ##

2/24/95 FLORIDA DIVISION OF CORPORATIONS 12:23 AM  
PUBLIC ACCESS SYSTEM  
ELECTRONIC PROCESSING MENU

FILED  
95 FEB 24 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 FEB 26 PM 1:36

## Conclusion

H95000002223

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 FEB 24 PM 3:17

FILED

**ARTICLES OF INCORPORATION**  
**OF**

**COMPU-SCAN CORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**COMPU-SCAN CORPORATION**

The principal place of business of this corporation shall be:

10900 S.W. 104TH ST SUITE 122  
MIAMI, FL 33176

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact 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 aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is one hundred shares at five dollars par value.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

DIRECTOR/  
PRESIDENT

DAVID CHACON  
10900 S.W. 104TH ST SUITE 122  
MIAMI, FL 33176

DIRECTOR/  
VICE-PRESIDENT

MARIA CONTRERAS  
10900 S.W. 104TH ST SUITE 122  
MIAMI, FL 33176

DIRECTOR

MARIA C. DE CHACON  
10900 S.W. 104TH ST SUITE 122  
MIAMI, FL 33176

PREPARED BY: MARIA CONTRERAS  
10900 S.W. 104TH ST  
MIAMI, FL 33176  
305-273-9329

02/24/95 13:14 FAS-T CORPORATE AGENTS

(305) 592-9591

P. 003

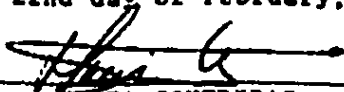
H95000002223

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

MARIA CONTRERAS  
10900 S.W. 104TH ST SUITE 122  
MIAMI, FL 33176

The undersigned has (have) executed these Articles of Incorporation this 22nd day of February, 1995.

  
\_\_\_\_\_  
MARIA CONTRERAS

H95000002223

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT\REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: COMPU-SCAN CORPORATION
2. The name and address of the registered agent and office is:

MARIA CONTRERAS  
10900 S.W.104TH ST SUITE 122  
MIAMI, FL 33176

SIGNATURE [Signature]  
TITLE V.P.  
DATE 02/22/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]  
DATE 02/22/95

FILED  
FEB 24 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H95000002223