

DEPARTMENT OF STATE
FAX: (304) 974-4000
(((H95000003752)))
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: TELECUBA, INC.
FAX AUDIT NUMBER: H95000003752
DATE REQUESTED: 03/31/1995
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without the information contained on this page. Remember to type the Fax Audit
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(((H95000003752)))

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Cuba Calling Card, Inc.

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95MAR 31 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/3

RECEIVED
MAR 31 1995
15:27 FROM EMPIRE

CERTIFICATE OF INCORPORATION

-of-

TELECUBA, INC.

WE, the undersigned, for the purposes of forming corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities of Corporations for Profit.

ARTICLE ONE

The Name of the Corporation shall be TELECUBA, INC.

ARTICLE TWO

The Corporation may engage in any activity or business permitted under the Laws of the State of Florida and the United States.

ARTICLE THREE

The Corporation is authorized to have 1000 shares of Stock at a Par Value of \$1.00 per share, outstanding.

ARTICLE FOUR

The Amount of Capital that which the Corporation shall begin business with shall not be less than ONE THOUSAND DOLLARS.

Prepared by:
MARSHALL IVES, ESQUIRE,
Florida Bar No. 147500
8781 S. W. 131 Street
Miami, Florida 33176
(305) 233-0707

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE FIVE

The Corporation shall have perpetual existence.

ARTICLE SIX

The registered office and principal place of business for this corporation shall be 12217 S.W. 129TH COURT, SUITE 100, MIAMI, FLORIDA 33186.

ARTICLE SEVEN

The number of Directors shall not be less than ONE.

ARTICLE EIGHT

The Names and Post office addresses of the first Board of Directors, who subject to the provisions of the Certificate of Incorporation and by-laws of the Corporation Laws of the State of Florida, shall hold office for the First Year of the corporation's existence, or until their successors are elected and have qualified, are:

LUIS COELLO, 14355 SW 78 AVE. MIAMI, FLORIDA 33158
(President, Vice-President, Secretary, and Director.) 1,000
SHARES.

ARTICLE NINE

The Names and Addresses of the Subscribers to the Certificates of Incorporation are:

LUIS COELLO, 14355 SW 78 AVE, MIAMI, FLORIDA 33158.

ARTICLE TEN

The Registered Agent for said Corporation is:

LUIS COELLO, 14355 SW 78 AVE., MIAMI, FLORIDA 33158.

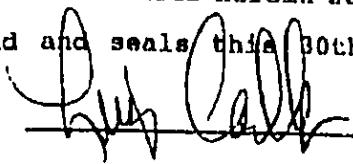
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ARTICLE ELEVEN

The Corporation shall have all the rights and powers as Set Forth in the Florida Statutes, applicable to Corporations for Profit.

WE THE UNDERSIGNED, being the original Subscribers to the Capital Stock hereinabove named for the purpose of Forming a Corporation for Profit to do business, both with and without the State of Florida, do hereby make, subscribe, acknowledge and file this certificate, hereby declaring that the facts herein stated are true, and have hereunto set my hand and seals this 30th day of March, 1995.



(SEAL)

(SEAL)

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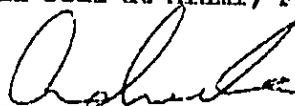
STATE OF FLORIDA }
 } ss
COUNTY OF DADE }

ON THIS DAY, BEFORE ME, personally appeared:

LUIS COELLO

the Parties to the foregoing Certificate of Incorporation known to me personally to be such or produced the following identification FL DL # C-400-527-57-305; and acknowledged the said Certificate to be free and voluntary act and Deed of them, and that each statement and fact are therein truly Set Forth.

WITNESS my hand and Notarial Seal at Miami, Florida on this 30th day of March, 1995.



NOTARY PUBLIC-STATE OF FLORIDA AT LARGE

My Commission Expires:

3/15/97



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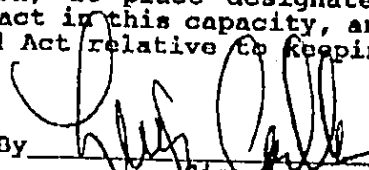
CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following
is submitted, in compliance with said Act:

First-That TELECUBA, INC. desiring to organize under the laws
of the State of Florida with its principal office, as indicated in
the articles of incorporation at Miami, County of Dade, State of
Florida has named LUIS CORIELLO agent located at 12217 SW 129TH
COURT, SUITE 100, MIAMI, FLORIDA, 33186, County of Dade, State of
Florida, as its agent to accept service of process within this
state.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above
stated corporation, at place designated in this certificate. I
hereby accept to act in this capacity, and agree to comply with the
provision of said Act relative to keeping open said office.

By 
Signature
Registered Agent
LUIS CORIELLO

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 24 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000026021**

1 Corporation Name

TELECUBA, INC.

Principal Place of Business

Mailing Address

12217 S.W. 129TH COURT
SUITE 100
MIAMI FL 33186

12217 S.W. 129TH COURT
SUITE 100
MIAMI FL 33186



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

2 New Principal Office Address, if Applicable

444 BRICKELL AVE.
Suite, Apt. #, etc
SUITE 820
City & State

3 New Mailing Office Address, if Applicable

444 BRICKELL AVE.
Suite, Apt. #, etc
SUITE 820
City & State

4 Date Incorporated or Qualified
To Do Business in Florida

03/31/1995

5 FEI Number

65-057-1292

Applied For

Not Applicable

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
PSVD	COELLO, LUIS	14355 S.W. 78TH AVE.	MIAMI FL 33158

000001989330--4
-10/29/96--01133--026
****375.00 ****975.00
REINSTATEMENT
10-24-96

8. Name and Address of Current Registered Agent

COELLO, LUIS
14355 S.W. 78TH AVENUE
MIAMI FL 33158

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-17-96**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-96

Date

Daytime Phone #

CR2040 (7/96)

P95000026021

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: TELECUBA, INC. EIN or SS#: _____

Address: 444 Brickell Avenue, Suite 820
Miami, FL 33131

Amount: \$150.00 Date Paid _____

Reason for claim: Overpayment of fees - P95000026021
SPT 11/6/96

Certified true and correct this 22 day of October, 19 96.

Signature See Attached

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 150.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 011931826 dated 10-29-96

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations
(Agency) (Authorized Signature and Title)