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24/95golrir ... FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM

(((H95000004570))) ELECTRONIC FILING COVER SHEET

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

FROM: ROBERT N. ALLEN, JR., P.A.
501 BRICKELL KEY DR
SUITE 210
MIAMI FL 33131-0000301-
CONTACT: RICK BAJANDAS
PHONE: (305) 372-3300
FAX: (305) 379-7018

(((H95000004570))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: BUFETE INDUSTRIAL, INC.

FAX AUDIT NUMBER: H95000004570	CURRENT STATUS: REQUESTED
DATE REQUESTED: 04/24/1995	TIME REQUESTED: 12:38:26
CERTIFIED COPIES: 0	CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 3	METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: $70.00	ACCOUNT NUMBER: 073324000622

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(((H95000004570)))

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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95 APR 24 PM 4:27
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TALLAHASSEE, FLORIDA

4/25

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95 APR 24 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NUMBER H95000004570

ARTICLES OF INCORPORATION

OF

Bufete Industrial, Inc.

The undersigned incorporator, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation is *Bufete Industrial, Inc.* (the "Corporation").

ARTICLE II

The Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be formed under the Florida Business Corporation Act, and all amendments and supplements thereto, or any law enacted to take the place thereof (collectively, the "Act").

ARTICLE III

The Corporation is authorized to issue *Ten Thousand (10,000)* shares of common stock, with a par value of *$1.00* per share.

ARTICLE IV

The address of the principal office of the Corporation, and its mailing address, is *601 Brickell Key Drive, Suite 805, Miami, Florida 33131*.

ARTICLE V

The street address of the Corporation's initial registered office is *601 Brickell Key Drive, Suite 805, Miami, Florida 33131* the name of the initial registered agent at such office is the law office of *Allen & Galego*.

Preparer:
Ricardo Bajandas
Allen & Galego(see ficticious name filing for registered agent)**
Attorneys at Law
601 Brickell Key Drive, Suite 805
Miami, Florida 33131
Ph. (305) 372-3300
FL BAR NO. 0987750

FAX AUDIT NUMBER H95000004570

ARTICLE VI

The Corporation shall indemnify, and advance expenses to, to the fullest extent authorized or permitted by the Act, any person made, or threatened to be made, a party to any action, suit or proceeding by reason of the fact that he is or was a director or officer of the Corporation or is or was serving at the request of the Corporation as a director or officer of another corporation. Unless otherwise expressly prohibited by the Act, and except as otherwise provided in the foregoing sentence, the Board of Directors of the Corporation shall have the sole and exclusive discretion, on such terms and conditions as it shall determine, to indemnify, or advance expenses to, any person made, or threatened to be made, a party to any action, suit, or proceeding by reason of the fact that he is or was an employee or agent of the Corporation, or is or was serving at the request of the Corporation as an employee or agent of another corporation, partnership, joint venture, trust or other enterprise. Except for any person who is or was a director or officer of the Corporation, or any person who is or was serving at the request of the Corporation as a director or officer of another corporation, no employee or agent of the Corporation may apply for indemnification or advancement of expenses to any court of competent jurisdiction.

ARTICLE VII

The name and address of the incorporator of the Corporation is *Robert N. Allen, Jr., Allen & Galego, 601 Brickell Key Drive, Suite 805, Miami, Florida 33131.*

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation as of the *24* day of *April*, *1995*.

Robert N. Allen, Jr.
Incorporator

FAX AUDIT NUMBER H95000004570

FAX AUDIT NUMBER H95000004570

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for *Bufete Industrial, Inc.*, at the place designated in the change of registered agent form: (i) I agree to act in this capacity; (ii) I agree to comply with the provisions of all statues relative to the proper and complete performance of my duties; and (iii) I accept the duties and obligations of acting as registered agent pursuant to Section 607.0505 of the Florida Business Corporation Act.

Dated as of the 24 day of *April, 1995.*

Allen & Galego

BY: _____
Robert N. Allen, Jr.
President

24 The foregoing instrument was acknowledged before me on this *24 day of April, 1995* by *Robert N. Allen, Jr.* to me personally known and who have taken the oath.

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
YOLANDA E BARRIA
COMMISSION NUMBER
CC418434
MY COMMISSION EXP.
NOV. 2,1998

_____
Notary Public, State of Florida
Yolanda E Barria
(Print Name)
My Commission Expires: Nov. 2, 1998

FILED
95 APR 24 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated as of the 24 day of *April, 1995.*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 SEP 24 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032057

1. Corporation Name
Bufete Industrial, Inc.

Mailing Address / Principal Place of Business
1330 Coral Way #305
Miami, FL 33145

REINSTATEMENT 96.00

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

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

(DO NOT WRITE IN THIS SPACE)

4. Date Incorporated or Qualified To Do Business in Florida
April 24, 1995

5. FEI Number
App. For
[X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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
P/D	Eduardo Rivero	9805 N.W. 52 St. #104	Miami, Florida 33178
S/T/D	Miriam Leon De Rivero	9805 N.W. 52 St. #104	Miami, Florida 33178

000001971380
-10/11/96--01023--027
****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: Eduardo Rivero
Street Address (P.O. Box Number is Not Acceptable): 9805 N.W. 52 St. #104
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33178

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

11. 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.)

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

13. I do 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 release 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9-18-96 Daytime Phone #: (305)573-0677

CR2E040 (6/94)