

# P95000035279

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

RE: Lara Import Inc.

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
 CLERK OF COURSE  
 DIVISION OF CORPORATIONS

95 MAY -5 AM 10:52

*Proton*

*DBS/5/95*

REQUEST TAKEN CONFIRMED APPROVED  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY AAK

WALK-IN Will Pick Up SS 1200

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Exports™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( <del>Cost</del> Copy(s))		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) pgs.		
<b>SUBTOTALS</b>		

70000147217  
 -05/05/95--01034--021  
 \*\*\*\*\*10.00 \*\*\*\*\*20.00

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
.....	\$

Please remit Invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection

**ORIGINAL**

**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: LARA IMPORT INC.**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\_\_\_ \$70    \_\_\_ \$78.50    X 122.50    \_\_\_ 131.25

**FROM:            MIGUEL ANGEL CONTRERAS  
                  616 NORTH SEMORAN BLVD. #7  
                  WINTER PARK, FLORIDA 32792**

**NOTE:** Please provide the original and one copy of the articles.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -5 AM 10: 52

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

LARA IMPORT INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2500 FORSYTH ROAD UNIT #E-21 & C-15  
ORLANDO, FLORIDA 32807

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIGUEL ANGEL CONTRERAS  
616 NORTH SEMORAN BLVD. #7  
WINTER PARK, FLORIDA 32792

**ARTICLE V INCORPORATOR(S)**

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

**MIGUEL ANGEL CONTRERAS  
616 NORTH SEMORAN BLVD. #7  
WINTER PARK, FLORIDA 32792**

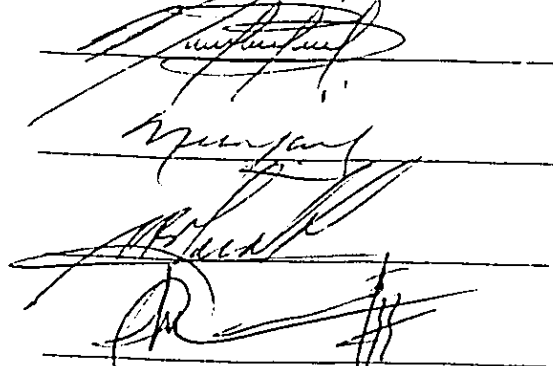
**NAILETH MENDOZA  
616 NORTH SEMORAN BLVD. #7  
WINTER PARK, FLORIDA 32792**

**NORA BEATRIZ MORALES  
616 NORTH SEMORAN BLVD. #7  
WINTER PARK, FLORIDA 32792**

**MANUEL RECARDO RODRIGUEZ  
616 NORTH SEMORAN BLVD. #7  
WINTER PARK, FLORIDA 32792**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

25 day of April, 1995.



**Articles of Incorporation  
Filing Fee - \$35**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -5 AM 10: 52

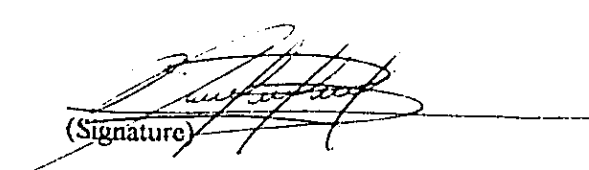
**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED  
OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: **LARA IMPORT INC.**
2. The name and address of the registered agent and office is:

**MIGUEL ANGEL CONTRERAS  
616 NORTH SEMORAN BLVD. #7  
WINTER PARK, FLORIDA 32792**

Having been named as registered agent and to accept service of process for the above sated 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 I am familiar with and accept the obligations of my position as registered agent.

  
(Signature)

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL**

# P95000035279

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

No. 52107

RE: Lara Import, Inc.

95 OCT 2 10:53  
 DIVISION

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

*ADU*  
 Name: \_\_\_\_\_  
 Date: 10/6/95  
 Document: *DLK*  
 Expediter: *ADU*  
 Update of: *ADU*  
 Update: *ADU*  
 Verifier: *ADU*  
 Acknowledged: *ADU*  
 W.P. Verifier: *ADU*  
 10/2/95

	C.C. FEE.	DISBURSED
Capital Express		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
( ) Cert. Copy(S)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File	10000158861	
Name Reservation	****35.00	****35.00
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		

95 OCT -5 PM 9 17  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DESCRIPTION	AMOUNT
FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY _____	_____	_____	_____

WALK-IN  
 Will Pick Up \_\_\_\_\_

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

95 OCT -5 11 3 24  
FILE

October 2, 1995

CAPITAL CONNECTION, INC.

SUBJECT: LARA IMPORT INC.  
Ref. Number: P95000035279

We have received your document for LARA IMPORT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please provide an English translation for the entity's name in your cover letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6906.

Darlene Connell  
Corporate Specialist

Letter Number: 295A00044780

CORRECTED

FILED  
95 OCT -5 PM 4: 18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF AMENDMENT

The name of the corporation:  
Lara Import Inc.

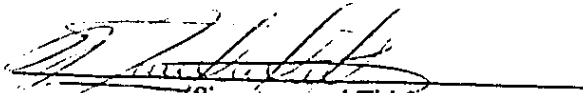
Amendment was adopted to change the name to:

Muebles Y Algo Mas, Inc.

*Furniture + more, Inc.*

The votes cast for the amendment by the shareholder was sufficient for approval, on  
September 27, 1995.

Amendment was adopted by:



(Signature and Title)

Miguel A. Contreras: President-Director  
616 North Semoran Blvd. #7  
Winter Park, Florida 32792