

P95000037551

FILED

95 MAY 10 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: ANABUC CORPORATION  
(Proposed corporate name - must include suffix)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Luis Rivero  
Name (printed or typed)  
8408 SW 38 Street  
Address  
Miami, FL 33155  
City, State & Zip  
(305) 222-4257  
Daytime Telephone number

400001482484  
-05/10/95--01049--005  
\*\*\*\*131.25 \*\*\*\*131.25

*File 11*

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

**ARTICLES OF INCORPORATION**

**FILED**

95 MAY 10 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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: ANABUC CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

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

8408 SW 38 Street  
Miami, FL 33155

**ARTICLE III SHARES**

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

100 shares

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Luis Rivero  
8408 SW 38 Street  
Miami, FL 33155

**ARTICLE V INCORPORATOR(S)**


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

Luis Rivero 8408 SW 38 Street  
Miami, FL 33155

Clara Suarez 8408 SW 38 Street  
Miami, FL 33155

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

    Ninth     day of     May    , 19 95 .

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

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

# 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: ANABUC CORPORATION

2. The name and address of the registered agent and office is:

Luis Rivero

(Name)

8408 SW 38 Street

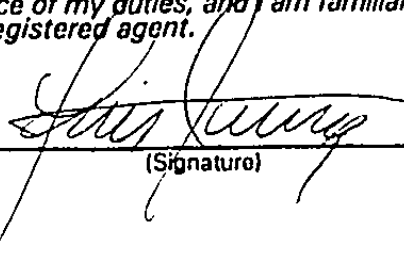
(P.O. Box not acceptable)

Miami, FL 33155

(City/State/Zip)

FILED  
95 MAY 10 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Signature)

5-9-95  
\_\_\_\_\_  
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
96 NOV 15 AM 7:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037557 (2)

1 Corporation Name

ANABUC CORPORATION

Principal Place of Business

Mailing Address

~~8408 SW 58 ST~~  
~~MIAMI, FL 33155~~

~~P.O. Box 44127~~  
~~MIAMI, FL 33144~~  
601 NW 60 AVE  
MIAMI, FL 33126

REINSTATEMENT *96*

If above addresses are incorrect in any way, line through them and enter correct information in the following

2. New Principal Office Address, if Applicable  
601 NW 60 AVE

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
5/10/95

State, Apt #, etc

State, Apt #, etc

5. FEI Number  
65-0581642

Applied For  
Not Applicable

City and State  
MIAMI FLORIDA  
33126

City & State

Zip

Country

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	LUIS RIVERO	601 NW 60 AVE	MIAMI FL 33126

600002010806--3  
-11/20/96--01108--007  
\*\*\*375.00 \*\*\*375.00

*JBH-19-96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Rivero, Luis  
~~P.O. Box 44127~~  
~~MIAMI, FL 33144~~

601 NW 60 AVE  
MIAMI  
FL 33126

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 9/15/96

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

9/15/96

Date

(305) 227-3989

Daytime Phone #

CFR6040 (12/95)