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TO: DIVISION OF CORPORATIONS

DEPARTMENT OF STATE

STATE OF FLORIDA

409 EAST GAINES STREET

TALLAHASSEE, FL 32399

FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY

1492 W FLAGLER ST

SUITE 200

MIAMI FL 33135-

33401-6194

CONTACT: RAY STORMONT

PHONE: (305) 541-3894

FAX: (305) 541-3770

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

M NAME: ITATI - ZONDA, CORP.

FAX AUDIT NUMBER: H95000005348

DATE REQUESTED: 05/11/1995

CERTIFIED COPIES: 1

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95 MAY 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/12

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Page 1/155
W-10166

409 EAST GAINES STREET

TALLAHASSEE, FL 32399

MAY-12-1995 12:09 FROM EMPIRE

TO

1904922-XXXX P.64



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State

May 12, 1995

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: ITATI - ZONDA, CORP.
REF: W95000010166

We have received your document for ITATI - ZONDA, CORP. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

1ST PAGE OF DOCUMENT WAS NEVER RECIEVED, PLEASE RE-FAW.

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) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000005348
Letter Number: 295A00024521

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

H95000005348

ARTICLE OF INCORPORATION

OF

ITATI - ZONDA, CORP.

FILED
55 MAY 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ITATI - ZONDA, CORP.

The principal place of business of this corporation shall be:
692 W. 29 ST. # 9
HIALEAH, FL. 33012

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 State, 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: 100 X \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

H95000005348

BASIC ACCOUNTING SERVICE
892 W. 29 Street # 9
Hialeah, Florida 33012
305-877-4185
Hector Hall, acct.

NY 5000005348

ARTICLE V. OFFICERS DIRECTORS

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

HIPOLITO HUMBERTO PICHIO DIRECTOR
ARMENIA 4696, CORRIENTES, ARGENTINA (3400)
C/O HECTOR J. HALL 692 W. 29 ST # 9 HIALEAH, FL. 33012

ADA ELEUTERIA ERMACORA DIRECTOR
ARMENIA 4696, CORRIENTES, ARGENTINA (3400)
C/O HECTOR J. HALL 692 W. 29 ST. # 9 HIALEAH, FL. 33012

ARTICLE VI INCORPORATOR(S)

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

HIPOLITO HUMBERTO PICHIO PRESIDENT
ARMENIA 4696, CORRIENTES, ARGENTINA (3400). SO SHARHU
C/O HECTOR J. HALL 692 W. 29 ST # 9 HIALEAH, FL. 33012

ADA ELEUTERIA ERMACORA SEC. & TREAS.
ARMENIA 4696, CORRIENTES, ARGENTINA (3400) SO SHARHU
C/O HECTOR J. HALL 692 W. 29 ST. # 9 HIALEAH, FL. 33012

The undersigned has(have) executed these Article of Incorporation this ____ 5 TH. day of APRIL ____, 19_95__.



Signature/Title
PRESIDENT



Signature/Title
SEC. & TREASURER

Signature/Title

NY 5000005348

H9500005348

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

Pursuant to the provisions of sections 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: ITATI-KONDA, CORP.

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

(Name)

692 W. 29 ST # 9

(P. O. BOX NOT ACCEPTABLE)

MIALEAH, FL 33012

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE [Signature]

DATE 4-5-95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY 12 PM 3:19

FILED

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