

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10149, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

95 MAY 22 11:35

P95000040133

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 \$ _____

of _____
 (RE) Prived Enterprises Inc.

DIVISION OF CORPORATION

- Capital Express
- Art. of Inc. File
- Corp. Record Search
- L. Partners' File
- Foreign Corp. File
- () Cert. Copy(s)
- Art. of Amend. File
- Dissolution/Withdrawal
- C U S-
- Fictitious Name File
- Name Reservation
- 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.

C.C. F. E. DISBURSED

700001495517
 -05/22/95-01017-030
 ***122.50 ***122.50

95 MAY 22 4:11:02
 FILED
 TALLAHASSEE, FL
 SECRETARY OF STATE

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

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>JW</u>	_____	_____	_____

WALK-IN Will Pick Up 5:22

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

ARTICLES OF INCORPORATION

OF

PRIVED ENTERPRISES, INC.

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: PRIVED ENTERPRISES, INC.

FILED
95 MAY 22 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

5960 S.W. 57th Ave.
Miami, Florida 33143

ARTICLE III CAPITAL STOCK

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

Five Hundred (=500=) shares of common stock at \$1.00 par value each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Gerhardt A. Schreiber
890 S. Dixie Highway
Coral Gables, Florida 33146

ARTICLE V INCORPORATOR(S)

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

Gerhardt A. Schreiber
890 S. Dixie Highway
Coral Gables, Florida 33146

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

_____ 19 _____ day of _____ May _____, 19 95 .

GA Schreiber
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: PRIVED ENTERPRISES, INC.

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

Gerhardt A. Schreiber
(NAME)

890 S. Dixie Highway
(P.O. BOX NOT ACCEPTABLE)

Coral Gables, Florida 33146
(CITY/STATE/ZIP)

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95 MAY 22 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE *Ba Debra*
(corporate officer)

TITLE incorporator

DATE May 19, 1995

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 *Ba Debra*

DATE May 19, 1995

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 -1 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000040133

1 Corporation Name

PRIVED ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5960 SW 57TH AVE MIAMI FL 33143	5960 SW 57TH AVE MIAMI FL 33143



REINSTATEMENT 96

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

2 New Principal Office Address, if Applicable	3 New Mailing Office Address, if Applicable	4 Date Incorporated or Qualified To Do Business in Florida 05/22/1995
Suite, Apt #, etc	Suite, Apt #, etc	5 FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip	Country	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	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
POD	JULIO E. ALVAREZ	3211 ALHAMBRA Cir.	CORAL Gables, FL 33134
POD	DAVID A. WOLFBURG	13500 S.W. 06 TH Ave	MIAMI, FL 33156
			200001974472--9 -10/15/96--01162--001 ***375.00 ***375.00
			09/10/95

8. Name and Address of Current Registered Agent SCHREIBER, GERHARDT A 890 S DIXIE HIGHWAY CORAL GABLES FL 33148	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
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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: Gerhard Schreiber Date: 9-26-96
REGISTERED AGENT MUST SIGN

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)(l), 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: David A. Wolfburg DAVID A. WOLFBURG Date: 9-26-96 305-666-5474 Daytime Phone #

CP2E040 (7/96)

P95000040133

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 19, 1997

PRIVED ENTERPRISES, INC.
5960 SW 57TH AVE
MIAMI, FL 33143

SUBJECT: PRIVED ENTERPRISES, INC.
Ref. Number: P95000040133

Debit Memo #: 80865-B

This is to inform you that check #504 in the amount of \$165.00 submitted with the annual report for PRIVED ENTERPRISES, INC. has been returned by your bank because of PAYMENT STOPPED.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$180.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after November 19, 1997 and a reinstatement fee of an additional \$585 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 487-6057.

Pat Bailey
Accountant I

Letter Number: 297A00046611