

995000042031

MARIA CARTAYA

Requestor's Name
10195 SW 203 TERRACE

Address
MIAMI, FLORIDA 33189

City State Zip Phone

CORPORATION(S) NAME

600001498436
-05/24/95--01074--013
*****70.00 *****70.00

ASCANIO, INC.

95 MAY 21 PM 2:15

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
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Verifier
Acknowledgment
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CR2E031 (1-89)

1/15/95 10:30

SECRETARY OF STATE
MAY 21 1965
PM 2:15

ARTICLES OF INCORPORATION

ARTICLE I

NAME

THE NAME OF THIS CORPORATION IS ASCANIO, INC.
and the mailing address is 10195 SW 203 Terrace, Miami, Fl 33189.

ARTICLE II

DURATION

This corporation shall have a perpetual existence, unless dissolved according to law.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting any or all business for which corporation may be incorporated under the Florida General Corporation Act.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue Five Hundred (500) shares of One Dollar (1.00) par value common stock, which shall be designated "COMMON SHARES."

ARTICLE V

INITIAL REGISTERED OFFICE & AGENT

The street address of the initial registered office of this corporation is 10195 SW 203 Terrace, Florida 33189 and the name of the initial registered agent of this corporation at that address is Maria Cartaya.

ARTICLE VI

INITIAL BOARD OF DIRECTOR(S)

This corporation shall have (2) (two) Director(s) initially. The number of Director(s) may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial Director(s) of this corporation is/are:

Maria Cartaya
10195 SW 203 Terrace
Miami, Fl 33189

Ascanio Serna
10195 SW 203 Terrace
Miami, Fl 33189

ARTICLE VII

INDEMNIFICATION

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a party to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to procure a judgement in its favor) by reason of the fact that her or his testator or intestate, is or was a director, officer, employee or agent of the corporation or served any other corporation, partnership, joint venture, trust, or other enterprise in any capacity, at the request of the corporation.

ARTICLE VIII

OFFICERS

The officers of this corporation shall be as follows:

Maria Cartaya
Ascanio Serna

President & Treasurer
Vice President & Secretary

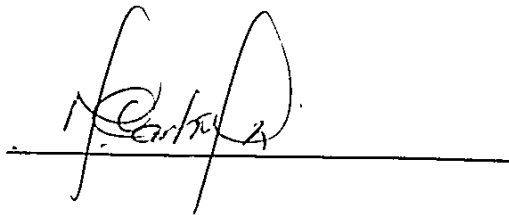
ARTICLE IX

INCORPORATOR(S)

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

Maria Cartaya
10195 SW 203 Terrace
Miami, Fl 33189

The undersigned incorporator(s) has/have executed these Articles of Incorporation on this 19th day of May, 1995.

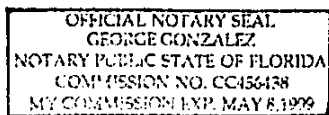
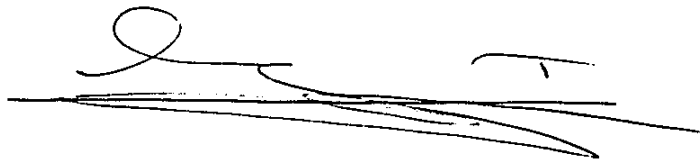
A handwritten signature in cursive script, appearing to read "M. Cartaya", is written over a solid horizontal line. The signature is centered on the page.

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, notary public authorized to take acknowledgements in the state and county set forth above personally appeared Maria Cartaya and Ascanio Serna known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid this 19th day of May, 1995.

My commission expires:



FILED
CLERK OF DISTRICT COURT
MAY 24 PM 2:11


CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091 Florida Statute, the following is submitted, in compliance with said Act:

First -- That **ASCANIO, INC.** desiring to organize under the laws of the State of Florida with its principal office at 10195 SW 203 Terrace, City of Miami, County of Dade, State of Florida, has named Maria Cartaya located at 10195 SW 203 Terrace, City of Miami, County of Dade, State of Florida, as its agent to accept service of process within this state.

Having been named to accept service of process of the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

36 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # PG5000042031
1 Corporation Name ASCANIO INC.

Principal Place of Business
10850 SW 113A
Suite 119
Miami FL 33176

Mailing Address
10195 SW 203TR
MIAMI FL 33189

REINSTATEMENT 9600

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

4. Date incorporated or Qualified To Do Business in Florida 5/24/95

5. FEI Number 656502515

6. CERTIFICATE OF STATUS DESIRED 9600

2. New Principal Office Address, if Applicable
10850 SW 113A
Suite, Apt. #, etc. 119

3. New Mailing Address, if Applicable
10195 SW 203TR
Suite, Apt. #, etc.

City & State Miami FL Country US
Zip 33176 City / State / Zip MIAMI FL 33189

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		4. City / State / Zip
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
<u>P. President</u>	<u>Maria Cartaya</u>	<u>10195 SW 203 TR Miami FL 33189</u>
<u>Vicepres</u>	<u>Ascanio F. Serna</u>	<u>10195 SW 203TR Miami FL 33189</u>

400002000494-9
-11/19/96-01144-006
****375.00 ****375.00

8. Name and Address of Current Registered Agent
Maria Cartaya
10195 SW 203TR
Miami FL 33189

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 _____
Date 11/8/96

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. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes . No

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/8/96 (305) 333-5234
(305) 598-7072