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PUBLIC ACCESS SYSTEM  
TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY  
DEPARTMENT OF STATE 1492 W FLAGLER ST  
STATE OF FLORIDA SUITE 200  
409 EAST GAINES STREET MIAMI FL 33135- 33401-8194  
TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT  
FAX: (904) 922-4000 PHONE: (305) 541-3694  
FAX: (305) 541-3770

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: HARGO CORP.  
FAX AUDIT NUMBER: H95000008528

CURRENT STATUS: REQUESTED

DATE REQUESTED: 08/03/1995

TIME REQUESTED: 12:00:07

CERTIFIED COPIES: 1

CERTIFICATE OF STATUS: 0

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TO

JAN-23-1900 12:16 FROM

ARTICLES OF INCORPORATION  
OF  
HARGO CORP.

THE UNDERSIGNED, each a natural person competent to contract for the purpose of forming a corporation under the laws of the State of Florida, hereby adopt(s) the following Articles of Incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of this Corporation shall be:

HARGO CORP.

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III - AUTHORIZED CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is One Hundred (100) shares of Common Stock having a par value of One Hundred Dollars (\$100) per share.

ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this Corporation will begin business shall not be less than One Hundred (\$100) Dollars.

ARTICLE V - TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI - INITIAL ADDRESS

The initial street address in this State of the principal office of the Corporation shall be:

11733 S.W. 116 Terrace  
Miami, Florida 33186

ARTICLE VII - DIRECTORS

1. The number of Directors of this Corporation shall be no less than (1).
2. The names and street addresses of each member of the first Board of Directors are as follows:

Marvin I. Weiner, Esq.  
2121 Ponce de Leon Blvd.  
Coral Gables, Fla.

(305) 445-8888  
Fl. Bar No - 087610

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TO 19049224000 P.08

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Name	Address
Harold Golen	11733 S.W. 116 Terrace Miami, Florida 33172

#### ARTICLE VIII - SUBSCRIBERS

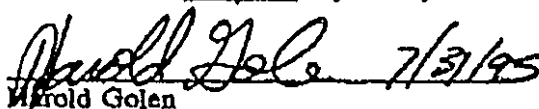
The names and street addresses of each person signing these Articles of Incorporation as a subscriber are as follows:

Name	Address
Harold Golen	11733 S.W. 116 Terrace Miami, Florida 33186

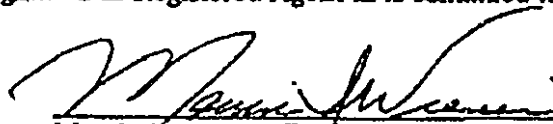
#### ARTICLE IX - REGISTERED AGENT

The street address of the initial Registered Office of this corporation shall be 2121 Ponce de Leon Boulevard, Suite 900, Coral Gables, Florida 33134 and the name of the initial Registered Agent at such address shall be Marvin I. Wiener.

IN WITNESS WHEREOF, the undersigned subscribing incorporator does hereby make, subscribe, acknowledge and certify that the foregoing Articles of Incorporation are true and correct and have hereto set our hands and seals this 31 day of July, 1995.

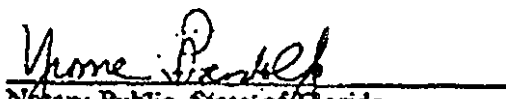
  
Harold Golen

The undersigned whose street address is 2121 Ponce de Leon Boulevard, Suite 900, Coral Gables, Florida 33134 accepts the designation as Registered Agent as is contained in the above Articles.

  
Marvin I. Wiener, Registered Agent

STATE OF FLORIDA }  
COUNTY OF DADE }

The foregoing instrument was acknowledged before me this 31 day of July, 1995 by Harold Golen of HARGO CORP., a Florida corporation, on behalf of the corporation. He is personally known to me did take an oath.

  
Notary Public, State of Florida

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. NOV. 20, 1995  
BONDED THRU GENERAL INS. LTD.

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with §48.091, Florida Statutes, the following is submitted:

First - That HARGO CORP., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at City of Miami, State of Florida, has named Marvin I. Wiener, located at 2121 Ponce de Leon Boulevard, Suite 900, City of Coral Gables, Florida, as its agent to accept service of Process within Florida.

SIGNATURE: \_\_\_\_\_

*Harold Golen*  
Harold Golen

TITLE: President

DATE: July 31, 1995

Having been named to accept service of process for the above-stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE: \_\_\_\_\_

*Marvin I. Wiener*  
Marvin I. Wiener  
Registered Agent

DATE: July 31, 1995

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TALLAHASSEE, FLORIDA

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96 \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra H. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000060086 (2)

HARGO CORP.

Principal Place of Business

Mailing Address

11733 SW 116TH TERRACE  
MIAMI FL 33186

11 J3 SW 116TH TERRACE  
MIAMI FL 33186

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified 08/03/1995 3a. Date of Last Report

4. FEI Number 65-0598831 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIENER, MARVIN I  
2121 PONCE DE LEON BLVD.  
SUITE 900  
CORAL GABLES FL 33134

B1 Name HAROLD GOLEN  
B2 Street Address 1151 WASHINGTON AV  
B3 MIAMI BEACH  
B4 City

FL 85 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Harold Golen*

(If 1011 Registered Agent signature required when reinstating)

Area 19/1996

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D GOLEN, HAROLD
STREET ADDRESS	11733 S.W. 116TH TERRACE
CITY, ST, ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	500002017095--2
14 CITY, ST, ZIP	-12/02/96--01038--008
21 TITLE	****400.00 ****400.00
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or attached with an address.

CR2E034 (3/96)