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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- 9-0000
CONTACT: RAY STORMONT
PHONE: (305) 541-3094
FAX: (305) 541-3770

(((H95000008733))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: COPA MASSAGE, INC.
FAX AUDIT NUMBER: H95000008733
DATE REQUESTED: 08/09/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 6
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NUM CAPS Connect: 00:03

FILED
95 AUG -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 AUG -9 AM 11:52
RECEIVED

Mark B. Goldstein
1000 S. FEDERAL HWY. • 202
Ft. Laud., FL 33316
(305) 761-8810
Fl. Bar No. 705276

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FILED
95 MAY -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF
COPA MASSAGE, INC., a Florida Corporation

ARTICLE I.

The name of this Corporation is:

COPA MASSAGE, INC., a Florida Corporation

ARTICLE II.

This Corporation shall exist in perpetuity commencing on the date of execution and acknowledgment of these Articles of Incorporation.

ARTICLE III.

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

ARTICLE IV.

This Corporation is authorized to issue 10,000 shares of $1.00 par value common stock which shall be designated as "Common Shares."

ARTICLE V.

In the event of any voluntary or involuntary liquidation, dissolution or winding up of this Corporation the assets of the Corporation shall be payable to and distributed ratably among the holders of record of the Common Shares.

SECTION II:
VOTING RIGHTS:

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Except as otherwise provided by Law, the entire voting power for the election of Directors and for all other purposes shall be vested exclusively in the holders of the outstanding Common Shares.

ARTICLE VI.
PREEMPTIVE RIGHTS:

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

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ARTICLE VII.

The street address of the initial registered office of this Corporation is: 1000 S. Federal Highway, Suite 202, Fort Lauderdale, Florida 33316, and the name of the initial registered agent of this Corporation at that address is: Mark B. Goldstein, and the principal place of business is 2751 E. Oakland Park Boulevard, Fort Lauderdale, Florida.

ARTICLE VIII.

This Corporation shall have three (3) Directors initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial Directors of this Corporation is:

TARIQ A. ARAIN
1957 MONROE STREET, #1
HOLLYWOOD, FLORIDA 33020.

INGA JEKABSONE
1957 MONROE STREET, #1
HOLLYWOOD, FLORIDA 33020.

MARK B. GOLDSTEIN
1000 S. FEDERAL HIGHWAY, SUITE 202
FORT LAUDERDALE, FLORIDA 33316

ARTICLE IX.

The name and address of the person or entity signing these Articles of Incorporation is:

MARK B. GOLDSTEIN
1000 S. FEDERAL HIGHWAY, SUITE 202
FORT LAUDERDALE, FLORIDA 33316.

ARTICLE X.
AMENDMENT:

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendments thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 9th day of August, 1995.

COPA MASSAGE, INC.,
a Florida corporation

BY: _____
MARK B. GOLDSTEIN, Incorporator

H95000008733

H95000008733

STATE OF FLORIDA)

COUNTY OF BROWARD)

I HEREBY CERTIFY on this day, before me, an officer duly authorized to administer oaths and to take acknowledgments, personally appeared MARK B. GOLDSTEIN, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person; i.e., Passport and Drivers License and that an oath was not taken.

WITNESS my hand and official seal, this ____ day of August, 1995, in the County and State aforesaid.

PRINT NAME:
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires:
Commission No:_____

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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 PURSUANCE OF CHAPTER 607.34, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT COPA MASSAGE, INC., A FLORIDA CORPORATION DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS REGISTERED OFFICE, AS INDICATED IN THE ARTICLES OF INCORPORATION AT 1000 S. FEDERAL HIGHWAY, SUITE 202, FORT LAUDERDALE, FLORIDA 33316, HAS NAMED MARK B. GOLDSTEIN, LOCATED AT 1000 S. FEDERAL HIGHWAY, SUITE 202, FORT LAUDERDALE, FLORIDA 33316 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

COPA MASSAGE, INC.,
a Florida corporation

BY: _____
MARK B. GOLDSTEIN, DIRECTOR

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 FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

By: _____
MARK B. GOLDSTEIN

Dated: 8/9/95

FILED
95 AUG -9 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

COUNTY OF BROWARD)

I HEREBY CERTIFY on this day, before me, an officer duly authorized to administer oaths and to take acknowledgments, personally appeared MARK B. GOLDSTEIN, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person; passport and drivers license and that an oath was not taken.

WITNESS my hand and official seal, this 9th day of August, 1995, in the County and State aforesaid.

_____
PRINT NAME: Angela Isherwood
NOTARY PUBLIC, STATE OF FLORIDA
My commission expires:
Commission No: _____

OFFICIAL NOTARY SEAL
ANGELA ISHERWOOD
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC275321
MY COMMISSION EXP. APR. 8,1997

H95000008733

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

APPROVED AND FILED

96 DEC -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061559 (7)

COPA MASSAGE, INC.

1996 REINSTATEMENT

Name of Filing Corporation

Mailing Address

1000 S. FEDERAL HIGHWAY
SUITE 202
FT. LAUDERDALE FL 33316

1000 S. FEDERAL HIGHWAY
SUITE 202
FT. LAUDERDALE FL 33316

2. Principal Place of Business

21 17070 Collins Ave
22 Suite Apt. # or Suite 266A
Miami Beach, FL
23 City & State
33160 Dade
24 Zip 25 County

2a. Mailing Address

26 17070 Collins Ave
27 Suite Apt. # or Suite 266A
Miami Beach, FL
28 City & State
33160 Dade
29 Zip 30 County

3. Date first organized or Qualified: 08/09/1995

3a. Date of Last Report

4. FEI Number: 65-06-22-059 ☐ 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

ARAIN, TARIO A
1957 MONROE STREET
#1
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Sonia Calle
82 Street Address (P.O. Box Number is Not Acceptable): 17070 Collins Ave
83 Suite 266 A
84 City: Miami Beach FL 85 Zip Code: 33160

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sonia Calle DATE: 09/13/96

12. OFFICERS AND DIRECTORS

01 TITLE / 02 NAME / 03 STREET ADDRESS / 04 CITY-ST-ZIP	D ARAIN, TARIO A 1957 MONROE STREET, #1 HOLLYWOOD FL 33020	☐ DELETE
01 TITLE / 02 NAME / 03 STREET ADDRESS / 04 CITY-ST-ZIP	D JEKABSONE, INGA 1957 MONROE STREET, #1 HOLLYWOOD FL 33020	☐ DELETE
01 TITLE / 02 NAME / 03 STREET ADDRESS / 04 CITY-ST-ZIP	D GOLDSTEIN, MARK B 1000 S. FEDERAL HWY SUITE 202 FT. LAUDERDALE FL 33316	☐ DELETE
01 TITLE / 02 NAME / 03 STREET ADDRESS / 04 CITY-ST-ZIP		☐ DELETE
01 TITLE / 02 NAME / 03 STREET ADDRESS / 04 CITY-ST-ZIP		☐ DELETE
01 TITLE / 02 NAME / 03 STREET ADDRESS / 04 CITY-ST-ZIP		☐ DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	M/P/D Calle, Sonia 17070 Collins Ave, Suite 266A Miami Beach, FL 33160	☑ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/T JEKABSONE, INGA 17070 Collins Ave, Suite 266A Miami Beach, FL 33160	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	700002025417--6 -12/11/96--01011--001 ****375.00 ****375.00	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	REINSTATEMENT 1996 700002025417--6 -12/11/96--01011--002 ******8.75	☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sonia Calle / Sonia Calle / 09/13/96 (954) 921-4047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(305) 956-79-49

0230151 CP