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8/16/95 FLORIDA DIVISION OF CORPORATIONS 2:20 PM  
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TO: DIVISION OF CORPORATIONS FROM: ACE INDUSTRIES, INC.  
DEPARTMENT OF STATE 54 NW 11TH ST  
STATE OF FLORIDA  
409 EAST GAINES STREET MIAMI FL 33136-28909-0000  
TALLAHASSEE, FL 32399 CONTACT: LYNN FRIEDMAN  
FAX: (904) 922-4000 PHONE: (305) 358-2571  
FAX: (305) 358-7832

((H95000009055)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.  
NAME: CREATIVE CARIBBEAN ADVERTISING AGENCY, INC.  
FAX AUDIT NUMBER: H95000009055 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 08/16/1995 TIME REQUESTED: 14:20:19  
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0  
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*W. H. G. 19*  
*R.A. Seaman*  
*(612)*

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95 AUG 19 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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95 AUG 16 PM 3:07  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State

August 17, 1995

ACE INDUSTRIES INC.

MIAMI, FL

SUBJECT: CREATIVE CARIBBEAN ADVERTISING AGENCY, INC.  
REF: W95000016619

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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

FAH Aud. #: H95000009055  
Letter Number: 395A00038670

Division of Corporations - P.O. Box 5327 - Tallahassee, Florida 32314

H95-09055

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95 MAR 13 AM 10:30  
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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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:

CREATIVE CARIBBEAN ADVERTISING AGENCY, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

6301 BISCAYNE BLVD SUITE 204 B  
MIAMI, FLORIDA, 33138

**ARTICLE III SHARES**

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

10,000 SHARES OF COMMON STOCK HAVING A PAR VALUE  
of \$ 1.00 per share.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

AXEL MARCEL  
6301 BISCAYNE BLVD. SUITE 204 B  
MIAMI, FLORIDA, 33138

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**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

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

AXEL MARCEL 8435 S.W. 156 CT # 1013 MIAMI, FL, 33192

PATRICK DESROCHES 12118 S.W. 110<sup>TH</sup> STREET CIRCLE SOL  
MIAMI, FLORIDA 33186

MARIE-DOMINIQUE RAMERU 8435 S.W. 156 CT # 1013  
MIAMI, FL, 33193

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

8 day of 11<sup>TH</sup>, 1995.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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**CERTIFICATE OF DESIGNATION OF 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: CREATIVE CARIBBEAN ADVERTISING AGENCY INC.

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

AXEL MARCEL  
(Name)

6301 BISCAYNE BLVD SUITE 204 B  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33138  
(City/State/Zip)

*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]*  
(Signature)

8/11/95  
(DATE)

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95 AUG 18 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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