

08/20/95

FAXED CORPORATION AGENTS

(305) 592-9591

P. O.

CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

8/21/95

FLORIDA DIVISION OF CORPORATIONS

9:57 AM

PUBLIC ACCESS SYSTEM

((H95000009206)))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

400 EAST GAINES STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H95000009206)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.O.

NAME: MIKAMI ENTERPRISES CORPORATION

FAX AUDIT NUMBER: H95000009206

CURRENT STATUS: REQUESTED

DATE REQUESTED: 08/21/1995

TIME REQUESTED: 09:56:56

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

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** ENTER 'M' FOR MENU. **

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FLORIDA DIVISION OF CORPORATIONS

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55 AUG 21 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF CANCELLATION

55 AUG 21 AM 11:34

RECEIVED

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ARTICLES OF INCORPORATION**OF****MIKAMI ENTERPRISES CORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MIKAMI ENTERPRISES CORPORATION

The principal place of business of this corporation shall be:

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55 AUG 21 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF COMMON STOCK AT PAR VALUE OF \$ 5.00 EACH

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ROBERTO ORENSTEIN

PRESIDENT

600 N.E. 36TH ST # 2017
MIAMI, FL 33137

Prepared by: M & C ACCOUNTING SERVICES INC.
801 West 49th St., Suite 226
Hialeah, FL 33012
(305) 822-4299

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08/20/95 21:51 FAS-T CORPORATE AGENTS

(305) 592-9591

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ARTICLES OF INCORPORATION(S)

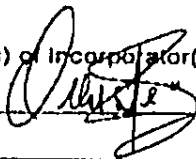
The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are).

ROBERTO ORENSTEIN

600 N.E. 36TH ST # 201 /
MIAMI, FL 33137

IN WITNESS WHEREOF, the undersigned incorporator(s) has have executed these Articles of Incorporation this 18th day of AUGUST, 1995.

Signature(s) of incorporator(s)



STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 18TH day of AUGUST, 1995, by ROBERTO ORENSTEIN
(Name of Incorporator)

of MIKAMI ENTERPRISES CORPORATION

(Name of Corporation)

Notary Public



MIGUEL ANGEL CAMONES
Notary Public, State of Florida
My comm. expires Oct. 26, 1998
Comm. No. CC238411

(SEAL)

My Commission Expires:

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: MIKAMI ENTERPRISES CORPORATION

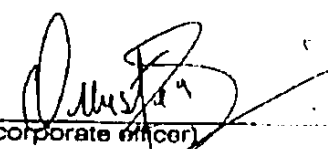
2. The name and address of the registered agent and office is:

ROBERTO ORENSTEIN

(P.O. BOX NOT ACCEPTABLE)

600 N.E. 36TH ST # 2017 MIAMI, FL 33137

(CITY/STATE/ZIP)

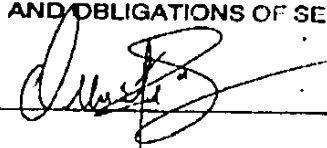
SIGNATURE 

(corporate officer)

TITLE PRESIDENT

DATE 8-18-95

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.32, FLORIDA STATUTES.

SIGNATURE 

DATE 8-18-95

REGISTERED AGENT FILING FEE: \$20.00

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