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9/01/95 FLORIDA DIVISION OF CORPORATIONS 2:09 PM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET (((H95000009776))) TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC. DEPARTMENT OF STATE 8405 NW 53RD ST STATE OF FLORIDA SUITE C-100 409 EAST GAINES STREET MIAMI FL 33166-Ø2~ 8-0000 TALLAHABBEE, FL 32399 CONTACT: LIDIA **FERNANDEZ** FAX: (904) 922-4000 PHONE: (305) 599-0839 FAX: (305) 592-9591 (((H950000009776))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. NAME: CONTACTOS Y PRODUCCIONES, CORP. FAX AUDIT NUMBER: H95000009776 CURRENT STATUS: REQUESTED DATE REQUESTED: 09/01/1995 TIME REQUESTED: 14:09:03 CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: Q NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$182.50 ACCOUNT NUMBER: 071001002335 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H95@@@@9776)))

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 5, 1995

FAS-T COMP. AGENTS, INC.

HIAHI, FL

SUBJECT: CONTACTOS Y PRODUCCIONES, CORP. REF: W95000017721

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

Please provide an English translation for the entity's name in your cover letter.

Complete the R.A. Certificate, listing R.A. name on line 2.

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 FAX Aud. #: 175000009776 Letter Number: 095A00040903

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCOMPORATION

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SECRULA ALA MALA TALLARAS DEL FUCRIDA

CONTACTOS Y PRODUCCIONES, CORP.

Contact and Production, Corp.

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 L NAME

The name of the corporation shall be: CONTACTOS Y PRODUCCIONES, CORP.

The principal place of business of this corporation shall be: 7720 S.W. 109th St. Miami, FL 33156

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 UI 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 \$500.00 par value

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):

Nelson R. Reyneri

7720 S.W. 109 St. Miami, Fl 33156

Prepared by: Nelson R. Reyneri 7720 5.W. 109 St. Miami, FL 33156

(305) 667-1410

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ARTICLE VI INCORPORATOR(8)

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

Nelson R. Reyneri

7720 S.W. 109 St. Miami, FL 33156

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of incorporation this <u>FIL'S F</u> day of <u>SEMEWAGE</u>, 19<u>95</u>

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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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 LE, FLORIDA designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

| Contactor | Productiones | Corporation | Corp

The name of the corporation is:	LONIZETOS	s y Prosucciones,
2. The name and address of the regineration 10 (P.O. BOX NO		loe le: Nelson R. Reyneri
(P.O. BOX NO	TACCEPTABLE)	
MIAM! FC	33156	
	TATE/ZIP)	
	•	Jelle Leene 1, 195
HAVING BEEN NAMED TO ACCEPT S CORPORATION, ATTHE PLACE DES TO ACT IN THIS CAPACITY, AND PROVISIONS OF ALL STATUTES RE FORMANCE OF MY DUTIES, AND I A TION 607.326, FLORIDA STATUTES.	IGNATED IN THIS CE O I FURTHER AGR ELATIVE TO THE PR ICCEPT THE DUTIES	ERTIFICATE, I HEREBY AGREE REE TO COMPLY WITH THE ROPER AND COMPLETE PER-
	SIGNATURE	Dels Reyne
	DATE	91,195

REGISTERED AGENT FILING FEE:

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