

REFERENCE : 674943 161057A

AUTHORIZATION :

COST LIMIT : 9 PREPAID

0000001578370 -09/06/95 -01056 --030 \*\*\*\*122.50 \*\*\*\*122.50

FE 95

ORDER DATE: September 6, 1995

ORDER TIME : 10:13 AM

ORDER NO. 1 674849

CUSTOMER NO: 161057A

CUSTOMER:

JAHN T: PRAHL, ESQ

Suite 150 3251 Ponce De Leon Boulevard Miami, FL 33134

#### DOMESTIC FILING

MAME: MIRACLE SHELL, INC.	ALL SEC
	AHA SEP
	ASSET ASSET
XX ARTICLES OF INCORPORATION	in⊈ <u> </u>
CERTIFICATE OF LIMITED PARTNERSHIP	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	Vale 191E 153
XX CERTIFIED COPY	
PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	T. RDO.
	T. BROWN SEC
EXAMINER'S INITIALS:	SEP - 6 1995

#### ARTICLES OF INCORPORATION

The undersigned, acting as incorporator of a corporation under the florida, General Corporation Act, adopts the following Articles of Incorporation for such Corpolation:

1. The name of the Corporation is:

#### MIRACLE SHELL, INC.

- 2. The mailing address for the corporation shall be 4441 S.W 75th Avenue, Miami, Florida 33155.
- 3. The period of its duration is perpetual.
- 4. The purpose is to engage in activities or business permitted under the laws of the United States and Florida.
- 5. The corporation shall have authority to issue 5,000 shares, all of one class, \$1.00 par value.
- 6. The address of it's initial registered office is 999 Ponce De Leon Blvd., Suite 1150, Coral Gables, Florida, 33134, and the name of its initial registered agent at said address is John T. Prahl..
- 7. The number of directors constituting its initial board of directors are two (2) whose names and addresses are:

J. Christopher Cesarano	4441 SW 75th Avenue Miami, FL. 33155
Carlos Zumarraga	4441 SW 75th Avenue Miami, FL. 33155

**ADDRESS** 

8. The name and address of the Incorporator is:

NAME

NAME
ADDRESS

J. Christopher Cesarano
4441 SW 75th Avenue
Miami, FL. 33155

9. Preemptive Rights shall be as follows: The holders of the common stock of this corporation shall have preemptive rights to purchase, at prices, terms and conditions that shall be fixed by the Shareholders, such of the shares of the stock of this corporation as may be issued for money (money, or any property or services) from time to time, in addition to that stock authorized (and issued) by the corporation. The preemptive right of any holder is determined by the ratio of the authorized (authorized and issued) shares of common stock held by the holder to all shares of common stock currently authorized (authorized and issued).

DATED this 5 day of August 1995.

J. Christopher Cesarano

STATE OF FLORIDA COUNTY OF DADE

The foregoing instrument was acknowledged by me this 2 day of August, 1995, by

J. Christopher Cesarano, who is personally known to me, or who produced
as identification and who did take an oath.

My Commission Expires:

OF FLO

OFFICIAL NOTARY SEAL
JOHN T FRAM.
ISSION NUMBER
CC398 F3 1

NOTARY PUBLIC

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

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First-that Miracle Shell, Inc. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at Coral Gables, County of Dade, State of Florida, has named John T. Prahl, 999 Ponce De Leon Blvd., Suite 1150, Coral Gables, Florida 33134.

(Street address and number of building, post office box address not acceptable)

City of Coral Gables, County of Dade, State of Florida, as its agent to accept service of process within this State.

### ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

John T. Prahl

Attorney at Law.

Telephone: 305-443-7890 Facsimile: 305-443-7505

3251 Ponce de Leon Blvd Sulte 150 Coral Gables, FL. 33134

September 7, 1995

Secretary of State P.O. Box 6327 Tallahassee, FL. 32314

Re: ARTICLES OF AMENDMENT FOR MIRACLE SHELL, INC

Dear Sirs:

Enclosed please find Articles of Amendment for Miracle Shell, Inc., together with the filing fee of \$87.50. I am also enclosing a stamped self addressed envelope for your reply.

If you have any questions, please contact the undersigned.  $\frac{1}{200}$ 

Sincerely yours CORRECTATE . I

John T. Prahl

900001582689 -03/12/95--01075--013 \*\*\*\*\*87.50

713

**Enclosure** JTP/bs

DATE.

DOC. EX1M.

#### ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF MIRACLE SHELL, INC.

1006 Pursuant to the provisions of Section 607. 187 of the Flaffida General Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

- The name of the corporation is Miracle Shell, Inc. 1.
- Article One (1) of the Articles of Incorporation of Miracle Shell, Inc is hereby amended to read:
  - The name of the corporation is:

#### MIRACLE OIL, INC.

- The foregoing Amendment was adopted by all of the Directors and Shareholders of this corporation on the 7th day of
  - This Amendment shall become effective upon filing.

opher Cesarano - Socretary

Carlos Jumarraga - President

STATE OF FLORIDA COUNTY OF DADE

The foregoing instrument was acknowledged by me this 7th day of September, 1995, by J. Christopher Cesarano, and Carlos Zumarraga who are personally known to me or who produced as identification and who did take and oath.

Notary Public, State of

Florida at large

My Commission Expires:

IAL HOTARY SEAL JOHN T PRAHL MMISSION NUMBER CC386831 COMMISSION EXP.

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	PLEASE RE	AD ALL INS	<b>TRUCTIONS</b>	BEFORE C	COMPLET	ING THIS FOR	vi.
AP	PLICATION	ரு_ FLORID	A DEPARTME	NT OF STATE	<b>I</b>		
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2 New Pro	morpal Office Address, If Applicable	3. Now Mail	ing Office Address, if	Applicable	4 Date Incorr Fe Do Busi	orated or Qualified ress in Florida	09/06/1995
Suito, Apt		Suite, Apt #	, otc		5 FEI Number	7 - 110 90	Applied For
City & State		City & State			65	-0604989	Not Applicable
Zip	Country	Zip	Countr	γ 	CERTIFICAT	E OF STATUS DESIRED	\$8.75. Additional Fee required for a Cartificate of Status
7 Names	and Street Addresses of Each Office Name of Office		Str	ool Address of Each	3		
Tille(B)	and/or Director		·	ficer and/or Director se Post Office Box I	Numbors)	4	/ State / Zip
D	CESARANOL, J. CHRISTOPI	IER	4441 S.W. 75T	H AVENUE		MIAMI FL 33155	
D	ZUMARRAGA, CARLOS 4441 S.W. 75TH		H AVENUE	MIAMI FL 33155			
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	8. Name and Address of Cu	rent Registered Ac	not	1	9 Name and	Address of New Register	ed Acont
2041		Tent Hegistored Ag		Name BRUC			
	<del>IL, JOHN T</del> <del>PONCE DE LEON BLV</del> D.			Street Address (I	P.O. Box Number	is Not Acceptable)	
—9 <del>UT</del>	E-1158-			Suite, Apt. #, Etc		. AND STOCK.	
COR	AL GABLES FL 33134			City	'AMI		L 33156
10 I, being	g appointed the registered agon of	e above named corp	oration, am familiar w	ith and accept the o	bligations of Sect		1 .
Signature o Registered	Agent × ///	REGISTERED AC	SENT MUST SIGN	Ç.P.C	2.	Date 9/1	9/96
11. Do	pes this corporation parts of Revenue under	ay any intang S. 199.032,	gible tax to th Florida Stat	ne utes. Yes	M No [		side for information ntangible tax.)
this rein owed b	r that I am an officer or director or the isstatement application, the reason to y the corporation have been paid an application is true and accurate, and	r dissolution has been d the names of individ	eliminated, the corp tuals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	s of section 607,0401 or 61	7.0401, F.S., that all fees

NG OFFICER OR DIRECTOR

SIGNATURE: + LOUIS JUMBILLE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNA

0041528

9/18/96 (305) 266-0089 Date Phone #

AF

TO: DEPARTMENT OF STATE

FOR OFFICIAL USE

0.28.46

NUMBER

95 1000 STATE OF FLORIDAN

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******		*	•				
FUND	AMOUNT	REASON	RETURNED	KEY	#	*	-
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GENERAL REVENUE 0.00 INSUFFICIENT FUNDS 1 \*
TRUST 3,536.25 ACCOUNT CLOSED 2 \*
OTHER UNCOLLECTED FUNDS 3 \*
TOTAL 3,536.25 OTHER 4 \*

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	2	30.00
12	45-20-2-130001-45300000-00-000100-00	3	35.00
1.2	45-20-2-130001-45300000-00-000100-00	1	70.00
12	45-20-2-130001-45300000-00-000100-00	4	122.50
12	45-20-2-130001-45300009-00-000100-00	1	236.25
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	4	375.00
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## 71518-I

Process Date: 10/21/96

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\*\*\*\*893.75 \*\*\*\*893.75

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer