

P95000074103

LAW OFFICE OF  
**CRAIG A. JASLOW**

ATTORNEY AT LAW  
9351 FONTAINEBLEAU BLVD  
Suite B-307  
MIAMI, FLORIDA 33172  
(305) 220-6446

100-1592391  
03/25/95--01031--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

September 18, 1995

Florida Department  
of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Smile USA, Inc.

Dear Sir or Madam:

Please file the enclosed Articles of incorporation for Smile USA, Inc.

I have enclosed a check in the amount of \$70.00 for the filing.  
Please stamp and return the original to me.

Thank you and please do not hesitate to call if you have any questions.

Sincerely,



Craig A. Jaslow

100001592391  
-03/25/95--01031--001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enc.  
CAJ:lj

D. BROWN SEP 20 1995

# ARTICLES OF INCORPORATION

OF

SMILE USA, INC.

The undersigned, desiring to form a corporation pursuant to the laws of the State of Florida, hereby makes and files with the Department of State these Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation is Smile USA, Inc.

## ARTICLE II DURATION

The period of existence of this corporation is perpetual.

## ARTICLE III PURPOSE

The purpose for which this corporation is formed is to engage in any and all business permitted under the laws of the State of Florida.

## ARTICLE IV POWERS

This corporation shall have the power to carry out any and all of its purposes, and said powers shall include, but not be limited to, the powers granted under the laws of the State of Florida.

## ARTICLE V CAPITAL STOCK

The total authorized capital stock of this corporation is one thousand (1000) shares of common stock with a par value of one dollar (\$1.00).

## ARTICLE VI PRINCIPAL OFFICE

The location of the corporation's principal office is 76 Miracle Mile, Coral Gables, Florida 33134.

## ARTICLE VII INITIAL REGISTERED AGENT

The address and name of the corporation's initial registered agent upon whom process against this corporation may be served is: Craig A. Jaslow, Esq., 9351 Fontainbleau Blvd., Suite B-307, Miami, Florida 33172.

ARTICLE VIII  
INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of two directors, who shall not be required to be shareholders. The name and address of the persons serving as director are:

Carolina Victoria Tozzi      76 Miracle Mile  
Coral Gables, Florida 33134

ARTICLE IX  
INCORPORATOR

The name and address of the Incorporator is: Craig A. Jaslow,  
Esq., 9351 Fontainebleau Blvd., Suite B-307, Miami, Florida 33172.

ARTICLE X  
BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the shareholders.

ARTICLE XI  
TAX YEAR

The tax year for the corporation shall be from September 1 to August 31.

IN WITNESS WHEREOF, the undersigned Incorporator has executed  
these Articles of Incorporation this 21 day of September, 1995.

Craig A. Nastow, Esq.  
INCORPORATOR

Smile USA, Inc.

**WITNESSETH**

That Smile USA, Inc. has named Craig A. Jaslow, Esq., whose address is 935 Fontainebleau Blvd., Suite B-307, Miami, Florida 33172, as its agent to accept service of process within this State.

## ACKNOWLEDGMENT

Having been named to accept service of process for the above-named corporation, at the place designated in this certificate, I hereby agree to serve as the registered agent for the corporation, and agree to comply with the applicable provisions of Florida law.

Dated this 2<sup>nd</sup> day of September, 1995.

Henry A. Maslow

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96 \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$3.5.)

PROJECT  
CORPORATIONS  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Laura D. Myrick  
Secretary of State  
Division of Corporations

DOCUMENT # P145DICO 14102  
SMILE USA, Inc.

Principal Place of Business

Mailing Address

P.O. Box 331245  
MIAMI FL 33233-1245

2. Principal Place of Business

2a. Mailing Address

26. P.O. Box 331245  
State, Apt. # etc.

21. Suite 409

27. City & State

28. MIAMI FL

22. 1901 Brickell

29. Zip

30. Country

23. MIAMI FL

31. USA

32. USA

9. Name and Address of Current Registered Agent

CRAIG JABLON Esq.  
9351 Fontainbleau Blvd.  
Suite B-307  
MIAMI FL 33172

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 agent, or to accept and to fulfill the obligations of Section 607.1508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Officer's and Director's name require checkmarking:

NAME

DELETE

STREET ADDRESS

THOMAS CARESS

1901 Brickell 409

CITY ST ZIP

MIAMI FL 33125

NAME

DELETE

STREET ADDRESS

VICE president

CAROLINA V. TORRES

CITY ST ZIP

1901 Brickell Ave 409

NAME

DELETE

STREET ADDRESS

JOHN R. TAYLOR

CITY ST ZIP

MIAMI FL 33125

NAME

DELETE

STREET ADDRESS

JOHN R. TAYLOR

CITY ST ZIP

MIAMI FL 33125

NAME

DELETE

STREET ADDRESS

JOHN R. TAYLOR

CITY ST ZIP

MIAMI FL 33125

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes, and that my name is properly typed or printed on Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

96 NOV 14 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## REINSTATEMENT *96*

3. Date Incorporated or Qualified	3a. Date of Last Report
4. EIN Number	Applied For <b>65-0655587</b> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Five-Year Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 109.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	

CR2E034 (3/96)

9/2/96 305 859 8058  
Date Date Phone#