TLING COVER SHEET CTRONIC 60000000401))) FROM: FAS-T CORP. AGENTS, INC. DIVISION OF CORPORATIONS TO 8485 NW 53RD BT DEPARTMENT OF STATE BUITE C-100 STATE OF FLORIDA MIAMI FL 33166-409 EAST GAINES STREET FERNANDEZ CONTACT: LIDIA TALLAHABBEE, FL 32399 PHONE: (305) 599-0839 FAX: (904) 922-4000 (305) 592-9591 FAX 1 FLORIDA PROFIT CORPORATION OR P.A. DOCUMENT TYPE: 、((H960000000401))) NAME: TRIAD C.A., CORP. CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H96000000401 TIME REQUESTED: 12:04:00 DATE REQUESTED: 01/09/1996 CERTIFICATE OF STATUS: 1 CERTIFIED COPIES: Ø METHOD OF DELIVERY FAX NUMBER OF PAGES: 3 ACCOUNT NUMBER: 071001002335 EUTIMATED CHARGE: \$78.75 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. (((H960000000401)))

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#### ARTICLES OF INCORPORATION

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TRIAD C.A., CORP.

SECRETARY OF SECRE

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 ! NAME

The name of the corporation shall be: TRIAD C.A., COK?.

The principal place of business of this corporation shall be: 8600 N.W. 30th Torrace Miami, F1 33122

#### 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 No 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):

Luis Urena

8600 NW 30th Terrace Miami, FL 33122 8600 N.W. 30th Terr. Miami, Fl 33122

Jorge Ramos

Prepared by: Luis Urena

8600 NW 30th Terrace Miami, Fl 33122 (305) 594-9303

#### H96000000401

## ARTICLE VI INCORPORATOR(S)

| The name(s) and street ad tion is(are):            | idress(es) of the incorporator(s) to this articles of incorpora-      |
|--|---|
| Luis Urena   | 8600 N.W. 30th Terrace Miumi, FL 33122                                |
|  |   |
|  |   |
| IN WITNESS WHEREOF<br>Articles of Incorporation th | , the undersigned incorporator(s) has(have) executed these his, 19_96 |
|  | Signature(e) of Increporator(s)                                       |
|  |   |

# 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: 1RIAD C.A., CORP.   |              |
|----------------|---|--------------|
| 2.             | The name and address of the registered agent and office is:   |              |
|                | (P.O. BOX NOT ACCEPTABLE)   |              |
|                | 8600 NW 30th Forr. Mismi, Fl 33122  |              |
|                | (CITY/STATE/ZIP)  ALLAHASSE  (CITY/STATE/ZIP)   |              |
|                | SIGNATURE   | Ċ            |
|                |   |              |
|                | TITLE Director 8 8  |              |
|                | DATE 1/9/96   |              |
| LI /           | AVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE   | D            |
| CC<br>TC<br>PF | ORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGRE OF ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PER DRIMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECON 607.325, FLORIDA STATUTES. | 는<br>E<br>}- |
|                | SIGNATURE   |              |

REGISTERED AGENT FILING FEE:

DATE 1/9/96