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NAME: INTERNAITONAL TRADE NETWORK, INC.
FAX AUDIT NUMBER: H96000000912 CURRENT STATUS: REQUESTED
DATE REQUESTED: 01/18/1996 TIME REQUESTED: 15:20:38
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# ARTICLES OF INCORPORATION
# OF
# INTERNATIONAL TRADE NETWORK, INC.

## ARTICLE I.
## CORPORATE NAME

The name of this Corporation shall be:

INTERNATIONAL TRADE NETWORK, INC.

## ARTICLE II.
## NATURE OF CORPORATE BUSINESS

The Corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

## ARTICLE III.
## CAPITAL STOCK

The Corporation is authorized to issue a maximum of One Thousand (1,000) Shares of Stock. The Shares of Stock shall be voting common stock of $1.00 par value. The consideration to be paid for each Share of Stock shall be fixed by the Board of Directors.

## ARTICLE IV.
## INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's Initial Registered Agent and Registered Office in the State of Florida shall be:

MARK S. GALLEGOS, ESQ.
MITRANI, RYNOR & GALLEGOS, P.A.
One SE 3rd Avenue Ste 2200
Miami, FL 33131

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Mitrani, Rynor & Gallegos
2000 Sunbank International Center
One Southeast 3rd Avenue
Miami, FL 33131
(305) 368-0050 FBN. 364193
Mark S. Gallegos, Esq.

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## ARTICLE V.
## BOARD OF DIRECTORS

The number of Directors may be altered from time-to-time by the Bylaws adopted by the shareholders. However, the Corporation shall have no less than one (1) Director at any time.

## ARTICLE VI.
## INITIAL DIRECTORS

The name and post office address of the initial Directors of the Corporation are:

Karoly Berecz, Director
350 Biscayne Blvd.
Miami, FL 33131

## ARTICLE VII.
## INITIAL OFFICERS

The initial officers shall be elected at the first Board of Directors meeting.

## ARTICLE VIII.
## INCORPORATOR

The name and post office address of the Incorporator executing these Articles of Incorporation is as follows:

Karoly Berecz
350 Biscayne Blvd.
Miami, FL 33131

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## ARTICLE IX.
## PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of the Corporation is as follows: 350 Biscayne Blvd., Miami, Florida 33131.

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## ARTICLE X.
## COMMENCEMENT DATE

Corporate existence will commence on the date of the filing of these Articles of Incorporation.

The undersigned Incorporator, for the purpose of forming a Corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts stated are true.

Dated this 16th day of January, 1996.

Karoly Berecz, Incorporator/Director

The undersigned hereby accepts the foregoing designation as Initial Registered Agent and agrees to comply with the provisions of law applicable to said designation.

Mark S. Gallegos, Registered Agent

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Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

(Rev. December 1995) Department of the Treasury Internal Revenue Service

EIN 65-0643715

OMB No. 1545-0003

Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
International Trade Network, Inc.

2 Trade name of business, if different from name in line 1
International Trade Network

3 Executor, trustee, "care of" name
Mark S Gallepon, Esq.

4a Mailing address (street address) (room, apt., or suite no.)
~~350 Biscayne Blvd.~~ 7601 E. TREASURE DR. SUITE 1005

4b City, state, and ZIP code
~~Miami, FL 33131~~ N. BAY VILLAGE FL 33141

5a Business address, if different from address in lines 4a and 4b
One SE 3rd Avenue #2200

5b City, state, and ZIP code
Miami, Florida 33131

6 County and state where principal business is located
Dade County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ►
Karoly Berecz n/a Hungarian Passport No. PA621705 US Visa 009877

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) _____
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) _____
- ☒ Other (specify) ► Corporation
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator-SSN _____
- ☐ Personal service corp.
- ☐ National guard
- ☐ Other corporation (specify) _____
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

(enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated ► | State: Florida | Foreign country:

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9 Reason for applying (Check only one box.)

- ☐ Started new business (specify) ► import/export
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ► _____
- ☐ Banking purpose (specify) ► _____
- ☐ Changed type of organization (specify) ► _____
- ☐ Purchased going business
- ☐ Created a trust (specify) ► _____
- ☐ Other (specify) ► _____

10 Date business started or acquired (Mo., day, year) (See instructions.)
January 1996

11 Enter closing month of accounting year. (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ►
June 1996

| 13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ► | Nonagricultural | Agricultural | Household |
|---|---|---|---|
| | 2 | | |

14 Principal activity (See instructions.) ► import/export

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box.
☒ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ► ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ► n/a Trade name ►

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

| Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN |
|---|---|---|
| n/a | | |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (305) 861-6036 / (305) 8640193

Name and title (Please type or print clearly.) ► Karoly Berecz, President

Signature ► Karoly Berecz Date ►

Note: *Do not write below this line. For official use only.*

| Please leave blank ► | Geo | Ind | Class | Size | Reason for applying |
|---|---|---|---|---|---|
| | | | | | |