

CHARGE TO: PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'

2/16/96

FLORIDA DIVISION OF CORPORATIONS

3:02 PM

((H96000002324)))

PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS

FROM: FAG-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

302-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000002324)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: PARACHUTE RECOVERY CENTER & HOTELS AND RESORTS REBER

FAX AUDIT NUMBER: H96000002324

CURRENT STATUS: REQUESTED

DATE REQUESTED: 02/16/1996

TIME REQUESTED: 15:02:13

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$78.75

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** ENTER 'M' FOR MENU. **

2/16/96

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TALLAHASSEE, FLORIDA

FLORIDA DIVISION OF CORPORATIONS

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ARTICLE VI INCORPORATOR(S)

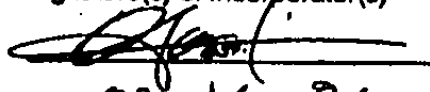
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Alberto Alibrandi

8390 N.W. 53rd St. #313
Miami, FL 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 16th day of February, 1996

Signature(s) of Incorporator(s)


02-16-96

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Parachute Recovery Center & Hotels and Resorts Reservation Center, Inc.

2. The name and address of the registered agent and office is:

Alberto Alibrandi 8390 N.W. 53rd St. #313
Miami, Fl 33166

SIGNATURE 

TITLE _____

DATE 02-16-96

FILED
 96 FEB 19 AM 10:40
 TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREED TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND A AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 02-16-96

P 96 000015099

MAHONEY ADAMS & CRISER, P.A.
3300 HUNTERS CENTER • 50 NORTH LAURA STREET
JACKSONVILLE, FLORIDA 32201
(904) 351-1100 • TELECOPIER (904) 791-1100

June 17, 1996

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

Re: Gericon, Inc./Document No. P950000015099
MAC File No. 18121.101

Dear Sir or Madam:

Please change the address of the above-captioned company from:

901 Ponte Vedra Boulevard
Ponte Vedra Beach, FL 32082

to:

c/o Mahoney Adams & Criser, P.A.
50 N. Laura Street - Suite 3400
Jacksonville, FL 32202.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Corinne P. McClure

Corinne P. McClure
Legal Assistant

CPM/np

cc: Peter Larsen

Steve W. Creekmore, Jr.