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Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address 5. M 11 M t 3 \$ \$ 1 1 5 \$ 1 6 5 \$ 16 MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone // LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. MAK PERFORMANCE (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Pick up time 2/10 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS DIVISION OF CORPORATION Profit Amondment 95 MAY 10 AM 10: 53 NonProfit Resignation of R.A., Officer/ Director **Limited Liability** Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS **AQUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark MAY 1 0 1996. Other

Examiner's Initials

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these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

ARTICLE I NAME

The name of the corporation shall be:

MAK PERFORMANCE INC.

ARTICLE II - PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation shall begin business shall be \$ 600.00 .

ARTICLE	V	-	CORPORATE	EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI - POST OFFICE ADDRESS
The post office address of the principal office of this corporation shall be: 4791 W 8 ct , HIALEAH , FLORIDA 33012
with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other
address as the Board of Directors shall by resolution determine. ARTICLE VII - NYMBER OF DIRECTORS
The business of this corporation shall be conducted by a Board of Directors consisting of persons initially. The number of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number requiered by the laws of the State of Florida, as amended from time to time.
ARTICLE VIII - INITIAL DIRECTORS
N A M E A D D R E S S
WILLIAM DIAZ 4791 W 8 ct, Hialeah , Florida 33012

ARTICLE IX	-	OFFICERS
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NAME	TITLE
WITT TAM DIAZ	DDFGTDENID

VKLIC	LE X - SUBSCRIBERS
The name and post office addre	sses of the subscribers to these articles
are as follow:	
NAME	A D D R E S S
WILLIAM DIAM	, SAME AS ARTICLE VIII
ARTIC	LE XI - AMENDMENTS
These Articles of Incorporation	n may be amended from time to time in the
manner provided by law. Every	amendment shall be approved by the Board
of Directors, proposed by them	to the stock. 1ders and approved at a
stockholders' meeting by a maj	ority of the stockholders entitled to vote.
A Portacion - LITT	
ARTICLE XII	- REGISTERED OFFICE AND AGENT
The initial street address of	the registered office of the corporation is:
4791 W 8 ct , HIALEAH , F	LORIDA 33012
and the registered agent is:	
WILLIAM DIAZ	
The undersigned has (have) exe	cuted these Articles of Incorporation this:
8 day of MAY	, 19 96
	111060 0
	Chillian (SEAL)
	WILLIAM DIAZ - PRESIDENT
	(SEAL)

(SEAL)

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.

WILLIAM DIAZ		
	(NAME)	<i>i</i>
4791 W 8 CT		
	(P.O. BOX NOT ACCEPTABLE)	71 77
HIALEAH , FLORID	A 33012	S S
	(CITY/STATE/ZIP)	<u> </u>
	721	` `
	STOMATHINE	Vine O
	SIGNATURE	RATE OFFICER)

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 AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE CF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNALURE MALE 5 /08 /96