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RE: Albra De

7 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222

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Please remit invoice number with payment

TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts

Past 30 Days, 18% per Annum.

THANK YOU

from

Your Capital Connection

2529-7 PONDER'S INC., THOMASVILLE, GA.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Luis S. Konski, P.A., 1101 Brickell Avenue, Suite 1801, Miami, Florida 33131.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

Ignacio Branger, President/Director
Alfredo Altavilla, V-P/Director
Josefina Branger, Secretary/Treasurer
1533 N.W. 91st Ave., Coral Springs, FL 33071.

The undersigned has executed these Articles of Incorporation this 10th day of March 1997.

"Capital Connection, Inc. by Kim Crosson, Office Manager"

A Crosso

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICES 7 HAR 10 PM 3: 31

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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.

l. The nam	ame of the corporation is:	iones, l	inc.
	name and street address of the registered	agent	and
011101 13.	Luis S. Konski, P.A. 1101 Brickell Avenue Suite 1801		
	Miami, Florida 33181		

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 OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

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