00062557

NS

PUBLIC ACCESS SYSTEM BLECTRONIC FILING COVER SHEET

(((H97000011729 5)))

TO: DIVISION O1 aF CORPORATIONS FAX #: (850) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: CLAPE INC.

AUDIT NUMBER...... H97000011729

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A. CERT. OF STATUCASS...O PAGBS..... 6 CERT. COPIES.....1

DEL.METHOD.. FAX EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

AUDIT NUMBER ON THE AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

** INVALID SELECTION...PLRASE RE-ENTER **

ENTER SELECTION AND

Help F1 Option Menu F2

NUM

Connect: 00:06:33

ne 1/18/97

 \bigcirc

H97000011729

FILED

97 JUL 18 PM 2: 59

SEGRETAL STATE
TALLAMASSEE, FLURIDA

ARTICLES OF INCORPORATION CLAPE INC

ARTICLE I

The name of this corporation shall be: CLAPE INC

With the principal place of business located at: 520 BRICKELL KEY DR. SUITE 819 MIAMI FL 33.131

ARTICLE II GENERAL NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

ARTICLE III CAPITAL STOCK

This Corporation is authorized to issue 1000 shares of Common Stock, par value \$1,00(one U.S. dollar) per share.

ARTICLE IV PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash or any new common stock of this Corporation, shall have the right to purchase their pro rata share (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V

INITIAL REGISTERED OFFICE
The street address of the registered office of this Corporation is:

520 BRICKELL KEY DR SUITE 819

MIAMI FL 33.131

The Name of the initial REGISTERED AGENT of this Corporation is: PEDRO GONZALEZ

PREPARED BY: THE LAW OFFICES OF ALAN S.GLUECK ALAN S.GLUECK # 224278
141 NE 3^{LD} AVE 9TM FLOOR, MIAMI.FI. 33132(3U5) 373-6211

H97000011729

ARTICLE VI INITIAL BOARD OF DIRECTORS

This Corporation shall have 1 Director(s) initially, the number of Directors may be either increased or diminished from time to time the bylaws, but shall never be less than one (1). The initial Director(s) of this Corporation is/are:

President - PEDRO GONZALEZ

 \odot

ARTICLE VII INCORPORATOR

The name and address of the person signing this article is:
PEDRO GONZALEZ
520 BRICKELL BEY DR SUITE 819
MIAMI FL 33.131

ARTICLE VIII INDEMNIFICATION

The Corporation shall indemnify any officer or Director, or any former officers or Directors to the full extent permitted by law.

ARTICLE IX MANAGEMENT OF CORPORATION SHAREHOLDERS

All Corporate powers shall be exercised by or under the authority of, and the business and affairs of this Corporation shall be managed under the Director of, shareholders of this Corporation.

ARTICLE X BY LAWS

The power to adopt, after, amend or repeal by-laws shall be vested en the BOARD OF DIRECTORS and the SHAREHOLDER.

IN WITNESS WHEREOF, The undersigned incorporator has executed these Article of Incorporation this 25 DAY OF JUNE 0F 1997

Incombrador

STATE OF FLORIDA)
COUNTY OF DADE

 \bigcirc

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN STATE AND COUTY SET FORTH ABOVE, PERSONALLY APPEARED.

PEDRO GONZALEZ

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED SAME.

IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED MY OFFICIAL SEAL,

IN THE STATE AND COUNTY AFORESAID

THIS 25 DAY OF JUNE, 1997

NOTARYFUBLIC

STATE OF FLORIDA AT LARGE

My commission expires:

LYANE BECHTING P. SIME OF FORDS

H97000011729

CERTIFICATE DESIGNATING THE ADDRESS AND AN AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

Q.

THAT CLAPE INC
DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA,
WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY OF DADE, STATE
OF FLORIDA HAS APPOINTED:

PEDRO GONZALEZ

AS ITS AGENT ACCEPT SERVICE OF PROCESS WITHIN THE STATE.

ACKNOWLEDGMENT:

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

CLAPE INC

TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT INTHE CAPACITY OF REGISTERED AGENT FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE APPLICABLE PROVISION OF THE FLORIDA STATUTES.

TRATE

DAY OF JUNE

190

FILED
JUL 18 PH 2:
AHASSEE, FLOR

Registered Agent

H97000011129

SPECIFIC POWER OF ATTORNEY

BE IT KNOWLEDGED, THAT I, CLAPE INC THE UNDERSIGNED, TO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF ATTORNEY TO THE LAW OFFICES OF ALAN S. GLUECK. OF MIAMI, FL — AS MY ATTORNEY IN-FACT.

SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO UNDERTAKE AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF:

MANAGE THE PROCEDURES IN ORDER TO OBTAIN FEIN #, ANY KIND OF BUSINESS LICENSES, INQUIRE ABOUT LIABILITIES WITH THE IRS., FLORIDA DEPARTMENTS, CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREIN SHALL INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO CARRY OUT AND PERFORM THE SPECIFIC AUTHORITIES GRANTED HEREIN.

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT AND PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST INTEREST AS MY ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION, THIS POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY BE REVOKED UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER OF ATTORNEY SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE AUTHORITY OF MY ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF REVOCATION.

SIGNED UNDER SEAL THIS			AL THIS	25 - DAY OF JUNE, 1997 Febru Men L PE (Kee Jee	
STATE OF FLORIDA COUNTY OF DADE				i	(, -
On	1	1	before me,	ALAN S. GLUECK	personally appeared:

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.	
Signature	
Notify Public	
THE COMMENS OF THE CO	Afflant_KnownXProduced ID_ Type of ID
D. Company	