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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: LATIN AMERICAN CONCESSIONS, INC.

AUDIT NUMBER.....H97000013719

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 5

CERT. COPIES.....1

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ARTICLES OF INCORPORATION
LATIN AMERICAN CONCESSIONS, INC.

ARTICLE I

NAME

The name of the corporation is LATIN AMERICAN CONCESSIONS, INC.

ARTICLE II

DURATION

The corporation is to have perpetual existence.

ARTICLE III

PURPOSE

The corporation is formed for the purpose of transacting any and all lawful business.

ARTICLE IV

PRINCIPAL OFFICE AND MAILING ADDRESS

The street address of the initial principal office and the mailing address of the corporation is 2472 N.W. 21 Terrace, Miami, Florida 331421.

ARTICLE V

CAPITAL STOCK

The corporation is authorized to issue 1,000 shares of common stock, each having a par value of \$1.00.

ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 200 South Biscayne Blvd., Suite 2100, Miami, Florida 33131, and the name of the initial registered agent of the

Norman C. Powell, Esq.
200 S. Biscayne Boulevard
Ste. 2100
Miami, FL 33131 (305) 579-1222
Fla. Bar # 870536

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corporation at that office is Norman C. Powell.

ARTICLE VII
INCORPORATORS

The name and address of the incorporator is Millie Bencomo, Florida 33134.

ARTICLE VIII
INDEMNIFICATION

The corporation shall indemnify any incorporator, officer, or director or any former officer or director to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these articles of incorporation this 20th day of August, 1997


MILLIE BENCOMO

STATE OF FLORIDA

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COUNTY OF DADE

Sworn to and subscribed before me this 20th day of August, 1997 by
Hellie Baranco, who is personally known to me or who
has produced _____ as identification.

Randall Daily
NOTARY PUBLIC

TYPED NAME: _____



COMMISSION EXPIRES: _____

COMMISSION NO.: _____

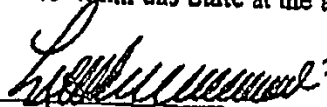
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DESIGNATION AND ACCEPTANCE
OF REGISTERED AGENT

In pursuance of Section 48.091 and Chapter 607, Florida Statutes, (1), desiring to organize under the laws of the State of Florida, with its registered office as indicated in the articles of incorporation at 200 South Biscayne Blvd., Suite 2100, Miami, Florida has named NORMAN C. POWELL as its agent to accept service of process within this State at the above address.


MILLIE BENCOMO

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at the place designated above, I hereby accept to act in this capacity and agree to comply with the provisions of the laws of the State of Florida applicable thereto.


NORMAN C. POWELL

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CLERK OF COURT
CLERK OF COURT

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