

P97000085191

TRANSMITTAL LETTER

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

Department of State  
Division of Corporations  
409. E. Gaines St.  
Tallahassee, FL 32399

Subject: FIESTA TIME CATERERS, CORP.  
(proposed corporate name)

Enclosed please find an original and one copy of the articles  
of incorporation for the above corporation and check in the  
amount of \$ 28.75.

From:

Jose ESCARPIO  
10661 N. KENDALL DR. S. 204  
MIAMI, FL 33176  
(305) 275-0055

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-10/01/97--01065--001  
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FILED  
97 OCT -1 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Noeaud OCT - 2 1997

ARTICLES OF INCORPORATION  
OF  
FIESTA TIME CATERERS, CORP.

ARTICLE I - NAME

The name of the corporation shall be:  
FIESTA TIME CATERERS, CORP.

ARTICLE II - ADDRESS

The address of the principal office until further notice is:  
1045 N.E. 119 Street, Village of Byscaine Park, FL 33161.

ARTICLE III - CAPITAL STOCK

The number of shares that this corporation is authorized to have outstanding is one thousand (1,000) common shares at one (\$1.00) dollar par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation is:  
Sabina E. Garay the registered office is 1045 N.E. 119 Street,  
Village of Byscaine Park, FL 33161.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Gabriel J. Herrera  
1045 N.E. 119 Street  
Village of Byscaine Park, FL 33161

ARTICLE VI - DURATION

This corporation shall have a perpetual existence unless dissolved according to law.

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#### ARTICLE VII - PURPOSE

The purposes for which this corporation is organized are:

- (a) To engage and transact any and all lawful business which corporations normally do within the State of Florida.
- (b) To operate any legal business at the wholesale or retail level (or both) including but not limited to sales, services, and related for the operation of catering business.

#### ARTICLE VIII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any agent, to the full extent permitted by law.

#### ARTICLE IX - INITIAL BOARD OF DIRECTORS

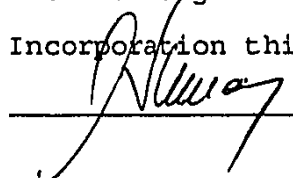
The business of this corporation shall be managed by a Board of Directors consisting of one or more members, the exact number to be determined from time to time in accordance with the By-Laws. The initial Board of Directors shall consist of two directors as follows:

Gabriel J. Herrera	Director and President
1045 N.E. 119 Street, Village of Byscaine, FL 33161	
Sabina E. Garay	Director, Treasurer and Secretary
1045 N.E. 119 Street, Village of Byscaine, FL 33161	

#### ARTICLE X - BY-LAWS

The Board of Director shall adopt By-Laws for this Corporation which may be amended, altered or repealed by the shareholders or directors in any manner permitted by law.

The undersigned incorporator has executed these Articles of Incorporation this 12 day of September 1997.

 , Gabriel J. Herrera

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/registererd agent, in the State of Florida.

1. The name of the corporation is \_\_\_\_\_

FIESTA TIME CATERERS, CORP.

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

Sabina E. Garay

Name \_\_\_\_\_

1045 N.E. 119 Street, Village of Byscaine, FL 33161

Address \_\_\_\_\_

The following officer of this corporation has authorized the above person and office to be its registered agent and registered office.

Signature \_\_\_\_\_

President

Title \_\_\_\_\_

Date \_\_\_\_\_

09-12-97

ACCEPTANCE BY AGENT

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 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

Signature \_\_\_\_\_

Date \_\_\_\_\_

09-15-97

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