PORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) 2. (Cerporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 200 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fietitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 12, 1998

**LAZARUS** 

MIAMI, FL

SUBJECT: FAST TRAK CORP. Ref. Number: W98000010769

We have received your document for FAST TRAK CORP.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Letter Number: 598A00026256

Loria Poole Corporate Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation प्रात्विक tि Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### NAME ARTICLE I

The name of the corporation shall be:

CRUISE CONTROL COURIER & MESSEN SORVICE CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1790 Coral Way Miami, F/A 33145 Suite#304

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

# \* ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

1790 Coral way Suite#304

Miami F/A 33145

CARLOS A. CALATAPUD

### ARTICLE V

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

1790 Coral way Suite #304 Miami, F/A 33145 CARLOS A. CALATAYUD, Ignacio J. Regueyra, Amancio J. Suarez

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

1790 Coral Way Suite #304
Miami, F/A33145 30%
Carlos A. Calatayud, Ignacio J. Regueyra, Amancio J. Suarez
The understand incorner to the Miaming of the Minds of The undersigned incorporator(s) has(have) executed these Articles of day of May, 1990. Incorporation this

**Articles of Incorporation** Filing Fee - \$35

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

	as to PAI Marson
1.	The name of the corporation is: <u>CRUISE CONTROL COURIER</u> # MESSENGER SCRUICE CORP.
	& MESSENGIER SCRUICE CORP.
2.	The name and address of the registered agent and office is:
	Carlos A. Calatayud
	(NAME)
	1790 Coral Way Suite #304
	(P.O. BOX NOT ACCEPTABLE)
	Miami, F/A 33145
	(CITY/STATE/ZIP)

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.

SIGNATURE OF STATE OF

**REGISTERED AGENT FILING FEE: \$35.00**