(Requestor's Name) 3320 S.W. 87th AVENUE 100002887121---05/26/99--01059--017 (Address) *****78.75 ******78.75 MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Rick up time Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 26, 1999

LAZARUS

MIAMI, FL

SUBJECT: CUBAMANIA, INC. Ref. Number: W99000012316

We have received your document for CUBAMANIA, INC.. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Loria Poole Corporate Specialist

Letter Number: 799A00029025

HECEIVED

99 MAY 27 PM 3: 10

50 MAY 27 PM 3: 10

50 MAY 27 PM 3: 10

99 MAY 27 PH 3: 22 SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CUBAMANIA EXPRESS, IAC.

ARTICLE II PRINCIPAL OFFICE

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

24420 SOUTH DIXIE HIGHWAY, UNIT# 23 MIAMI, FLORIDA 33030 ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Adrian Navarro 24420 So. Dixie Highway MIAMI, FLORIDA 33030

ARTICLE V INCORPORATOR(S)

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

Luis Adrian Navarro 24420 So. DIXIE HWY, MIAMI, FI Carida Rodriguez 3075 S.W. 60 TERR. DAVIE, FL 33311

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of

Luis Adrian Navarro, President SIAIA Carida Radriano 11 Carida Rodriguez, VICE-President SIAIA

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 25th day of May, 1999.

Signature

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.

T	he name of the corporation is: CUBAMANIA; EXPRESS, Inc.
T	he name and address of the registered agent and office is:
	Luis Adrian NAVARRO
	(NAME) .
	24420 SOUTH DIXIE HIGHWAY (P.O. BOX NOT ACCEPTABLE)
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	MIAMI, FLORIDA 33030
_	MIAMI, FLORIDA 33030. (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 SIGNAT

REGISTERED AGENT FILING FEE: \$35.00