

P96000062948

TRANSMITTAL LETTER

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

900001904969
-07/26/96--01003--002
*****70.00 *****70.00

SUBJECT: ProForm Services
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ _____.

FROM: LAZARO D. ULRIC
Name
5530 SW 113 Ave
Address
Cooper City, Fl. 33330
City, State, & Zip
(954) 680-2798
Telephone Number

FILED
96 JUL 29 AM 9 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Additional copy of articles is needed when certified copy is requested.

26-52-1
7-29-96

ARTICLES OF INCORPORATION

OF

Pro Form Services, Inc.

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

FILED
96 JUL 29 AM 9 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Pro Form Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

16941 NW 47 Ave
Miami Fl. 33055

ARTICLE III CAPITAL STOCK

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 ADDRESS

The name and address of the initial registered agent is:

LAZARD O. ULPIC
5530 SW 113RD
Cooper City Fla. 33330

ARTICLE V INCORPORATOR(S)

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

CAZARO OSCAR VELIZ, PRES

The undersigned has(have) executed these Articles of Incorporation this

22 day of JULY, 19 96.

Louis O. Veliz, PRES
Signature/Title

Signature/Title

Signature/Title

**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/registered agent, in the state of Florida.

1. The name of the corporation is: PRO FORM SERVICES

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

LAZARD OSCAR ULRICH
(NAME)
16941 NW 47 Ave
(P.O. BOX NOT ACCEPTABLE)
Miami FL 33055
(CITY/STATE/ZIP)

FILED
JUL 29 1996
STATE OF FLORIDA
TALLAHASSEE

SIGNATURE [Signature]
(corporate officer)
TITLE Registered Agent, accepting duties
DATE 7-22-96

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 _____
DATE _____