

P9800016323

LAHARU CORPORATE INVESTMENTS INC.
 Requester's Name
 320 S.W. 87th AVENUE
 Address
 MIAMI, FLORIDA 33165 (305)552-5973
 City/State/Zip Phone #
 LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LONE STAR INSURANCE GROUP OF FLORIDA,
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #) INC.
3. _____
 (Corporation Name) (Document #) 800002440658--1
-02/25/98--01036--024
****122.50 ****122.50
4. _____
 (Corporation Name) (Document #)

Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

RECEIVED
 98 FEB 19 AM 11:51
 DIVISION OF CORPORATION

FILED
 98 FEB 19 PM 12:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

[Handwritten signature]

Examiner's Initials

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 Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Lone Star Insurance Group of Florida, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2121 Ponce de León Blvd. , Suite 500
Coral Gables, FL 33134

ARTICLE III SHARES

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

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

One thousand (1,000) shares of common stock with a par value of one hundred dollars (\$100.00) each.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Andrés Guillemard
2121 Ponce de León Blvd. , Suite 500
Coral Gables, FL 33134

ARTICLE V INCORPORATOR(S)

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

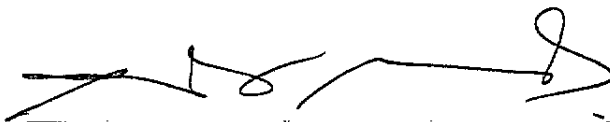
Andrés Guillemard
2121 Ponce de León Blvd. , Suite 500
Coral Gables, FL 33134

ARTICLE VI DIRECTOR(S)

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

1. Andrés Guillemard - President
2. María Mercedes Noble - Secretary
2121 Ponce de León Blvd., Suite 500
Coral Gables, FL 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 1998.



Signature

Signature

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.

1. The name of the corporation is: Lone Star Insurance Group of Florida, Inc.

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

Andrés Guillemard

(NAME)

2121 Ponce de León Blvd. , Suite 500

(P.O. BOX NOT ACCEPTABLE)

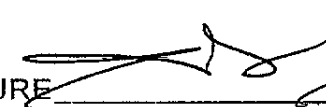
Coral Gables, FL 33134

(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 _____

DATE _____



2/11/98

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$35.00