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**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FILED
2002 MAY 17 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA NON-PROFIT CORPORATION
HUMAN RIGHTS AND NATIONAL RECONCILIATION CUBAN COMMI

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

05-17-02

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

HUMAN RIGHTS AND NATIONAL RECONCILIATION
CUBAN COMMISSION INC.

ARTICLE II PRINCIPAL OFFICE

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

311 S.W. 49 Ave.
Miami, Fl. 33134

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

TO ESTABLISH A HUMAN RIGHTS REGIME IN CUBA

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

ELECTED BY MEMBERS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

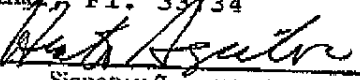
The name and Florida street address of the initial registered agent are:

NORMA AGUILERA
311 S.W. 49 Ave.
Miami, Fl. 33134

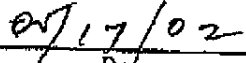
ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

HECTOR AGUILERA
311 S.W. 49 Ave.
Miami, Fl. 33134



Signature/Incorporator



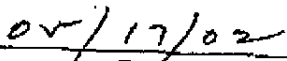
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent



Date

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