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

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SUBJECT: THE TSQUEWE FATURS GROUP, TAX.

(Proposed corporate name - must include suffix)

ROBERT P. TSQUEWE

Name (Printed or typed)

8240 S.W. 50 Street

Address

Miami, FL 33155

City, State & Zip

50 g/20

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number



SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of

directors was August 11,1998.

The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

Signed this 1th day of August, 1998

Signature // State Chairman of the Board,
President or other officer)

Typed or printed name

President

Title