FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE FL 32314 700002568037--5 -06/22/98--01089--009 ****122.50 ****122.50

	HELPING HANDS - WORLD AIDS FOUNDATION, INC.
SUBJECT	• · · · · · · · · · · · · · · · · · · ·
	(Proposed Corporate name)
Enclosed is for: \$122.	an original and one (1) copy of the articles of incorporation and a check 50 (Filing Fee and Certified Copy)
From:	Eusebio L. Rodriguez
	Name
	15500 SW 168th Street
<u></u>	Address
	Miami Fl 33187
	City, State & Zip
	(305) 263-9090
	Daytime Telephone number

DIVISION CF CORPORATIONS

98 JUN 22 PH 12: 20

ARTICLES OF INCORPORATION

<u>OF</u>

HELPING HANDS -WORLD AIDS FOUNDATION, INC.

The undersigned subscriber to these Articles of Incorporation, natural persons competent to contract, hereby organize and incorporate a corporation under the laws of the State of Florida.

ARTICLE I NAME

The name of the corporation is: HELPING HANDS - WORLD AIDS FOUNDATION, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

4225 SW 74TH CT. MIAMI FL 33155

ARTICLE III PURPOSE

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

To organize events, festivals, marathons, shows, etc. to get contributions from companies and individuals which will be used to help persons suffering from AIDS and other organizations that help persons suffering from this sickness.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

In accordance with what stated in the By-Laws of the corporation.

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

No limitation.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

Eusebio L. Rodriguez 15500 SW 168th Street Miami, Fl 33187

ARTICLE VII INCORPORATORS

The name (s) and the street address(es) of the incorporators for these Articles of Incorporation are:

Eusebio L. Rodriguez 15500 SW168th Street Miami, Fl 33187

Gabino J. Hernandez 15500 SW 168th Street Miami, Fl 33187

WITNESS WHEREOF, the undersigned has hereunto set his hand and seal and have acknowledged and filed in the office of the Secretary of State of Florida as subscriber of the foregoing Articles of Incorporation, this 30th day of December 1997.

Eusebio L. Rodriguez (Seal)

Labella (Seal)

Gabino J. Hernandez

STATE OF FLORIDA) ss: COUNTY OF DADE)

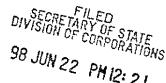
I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared Eusebio L Rodriguez and Gabino J. Hernandez personally known to me and who executed the Articles of Incorporation and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 30th day of December 1997, A.D.

OFFICIAL NOTARY SEAL
GLADYS MARBAN
COMMISSION NUMBER
CC339249
MY COMMISSION EXP.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE



CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

In pursuance to the provisions of Section 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:	
HELPING HANDS -WORLD AIDS FOUNDATION, INC	•
2. The name and address of the registered agent and office is:	
EUSEBIO L RODRIGUEZ	
(Name)	
15500 SW 168th Street	
Street Address	
MIAMI FL 33187	
(City/State/Zip Code)	

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 herevy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stattutes 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) Water (Date)