(Requestor's Name) 3320 S.W. 87th AVENUE (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2100 → Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION! OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership, Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation of such corporation:

ARTICLE I

The name of the corporation shall be: Association for Disabled Cubans, Inc.

The principal place of business of this corporation shall be: 726 West 28 St. Hialeah, Miami-Dade County, Florida 33010

ARTICLE II

The period of the duration of this corporation is PERPETUAL unless dissolved according to law.

ARTICLE III

The purpose (purposes) for which the corporation is organized is (are): To provide humanitarian assistance to disabled people in Cuba.

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SECRETARY OF STATE
TALLAHASSEF FI ORINA

ARTICLE IV

The qualifications for members and the manner of their admission are: As provided for in the bylaws

ARTICLE V

	pard of directors trustee or managers, (circle one) of
the coporation isthree	and the names and addresses of the persons who
are to serve initially are: (not less tha	in 3)

NAME
Juan J. Alfonso
Felix Cruz Blanco
Daniel Benitez

ADDRESS 110 East 10 St. Apt. 11, Hialeah, Fl. 33010

726 West 28 St. Hialeah, Fl. 33010 5675 5th Avenue, Key West, Fl. 33040

ARTICLE VI

This corporation is organized under a non-stock basis.

ARTICLE VII

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or Local Government for exclusive public purpose.

ARTICLE VIII

The flame and address of each incorporator is	
Juan J. Alfonso DANIEL BENITEZ	FELIX CRUZ BLANCO
110 East 10 St. Apt. 11 5675 5 AVE	726 WEST 28 ST
Hialeah, Fl. 33010 KEY WEST FL 33040	HIALEAH FL 33010
	or(s) has (have) executed these Articles
IN WITNESS WHEREOF, the undersigned incorporate of Incoproration this $_$ 4TH $_$ day of $_$ AUGUST	19 98
or mooproration tino day or	
	Signature(s) of Incorporator(s)
	Print name here: Juan J. Alfonso
	Print name here:
	DANIEL RENITEZ
	Print name here: FELIX CRUZ BLANCO
CTATE OF ELODIDA	1 EDIA CROS BERNOO
STATE OF FLORIDA COUNTY OF	
THE FOREGOING instrument was acknowledged and JUAN J. ALF	ONSO
of AUGUST, 1998, by DANIEL BENI	
tor) of ASSOCIATION FOR DISABLED CURAMS of	Corporation)
(SEAL)	Quind Moloacey
ARMANDO M. VIVANCOS Notary Public, State of Florida My Comm. expires Oct. 9, 1998 No. CC 500152 Sonded This Critical Antary Sentine 1-(800) 723-0121	NOTARY PUBLIC

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: Association for Disabled Cubans Inc.
2. The name and address of the registered agent and office is: JUAN J. ALFONSO
(NAME) 110 EAST 10 ST. APT. 11
(P.O. BOX <u>NOT</u> ACCEPTABLE) HIALEAH, FL. 33010
(CITY/STATE/ZIP)
SIGNATURE (corporate officer) TITLE X DIRECTOR
DATE 8/4/98
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 STATES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MEDITIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF THE POSITION AS REGISTERED AGENT.

REGISTERED AGENT FILING FEE: \$35