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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
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FLORIDA NON-PROFIT CORPORATION

SIDA, FE & ESPERANZA, CO. CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B. McKnight JUL 22 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 21, 1999

FAS-T

SUBJECT: SIDA, FE & ESPERANZA, CO.
REF: W99000016827

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H99000017918
Letter Number: 899A00037385

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:

ARTICLE I

Name

The name of the corporation shall be: SIDA, FE & ESPERANZA, CORP.
TRANSLATION: (AIDS, FAITH & HOPE, CORP.)

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:
3125 West Flagler Street. Apt. # 5
Miami, Fl. 33125

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(arc): To help persons with the Aids infection in many different aspects of life.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows: Is going to be stated in the bylaws of the corporation.

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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:

ARTICLE VI

Initial registered agent and street address

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

Lazaro A. Torres
3125 West Flagler Street.
Apt. # 5
Miami, Fl. 33125

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

(D) Lazaro A. Torres	(D) Teresa Barquin	(D) Jose A. Marrero
3125 West Flagler Street.	10714 S.W. 59th. Ter.	8112 SW 103rd. Ave.
Apt. # 5	Miami, Fl. 33173	Miami, Fl. 33173
Miami, Fl. 33125		

The undersigned incorporator has executed these Articles of Incorporation this 21st day of July, 1999.

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

Signature of Incorporator:



Lazaro A. Torres

Typed name of incorporator signing
INCORPORATOR

Notarization is not required

Prepared by: Ed Lopez, Accountant
6151 Miramar Parkway, Suite 301
Miramar, Fl. 33023

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT 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:

SIDA, FE & ESPERANZA, CORP.

(must include suffix)

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

Lazaro A. Torres

(NAME)

3125 West Flagler Street. Apt. # 5.

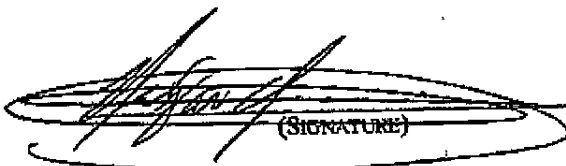
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, Fl. 33125

(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.

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(SIGNATURE)

7/21/99

(DATE)