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LETTER OF TRANSMITTAL

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ALLAHASSEF ESTATE

January 21, 2000

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

400003113644--9 -01/27/00--01114--011 *****122.50 *****78.75

Re: Better Health Service Inc.

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my money order in the amount of \$122.50.

This represents the costs of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Mirta G. Fernandez 2175 S.W 78 Place Miami, Fl. 33155

ARTICLES OF INCORPORATION

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

BETTER HEALTH SERVICE INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to isssue Five Hundred shares (500) of One Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V -

INITIAL REGISTERED OFFICE & AGENT

The principal office, if known, or the mailing address of the corporation is:

Name

BETTER HEALTH SERVICE INC.

Address

2175 S.W. 78 PLACE

City

MIAMI, FLORIDA 33155

The name and street address of the Initial Registered Agent of this corporation is:

Name

MIRTA G. FERNANDEZ

Address

2175 S.W. 78 PLACE

City

MIAMI, FLORIDA 33155

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The corporation shall have: THREE (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and adresses of the Initial director(s) of the corporation are as follows:

NAME

ADDRESS

Efren Rafael Menendez

2175 S.W. 78 Place, Miami, Fl. 33155

Victor Perez

7900 S.W. 23 Street, Miami, Fl. 33155

Amelia Llampay

11021 S.W. 7 Street, Miami, Fl 33174

ARTICLE VII - INCORPORATORS

The name and adresses of the incorporators signing these Article of Incorporation are as follows:

Same names and adresses of above Article (ARTICLE VI)

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 21st day of January, 2000.

Efren Rafael Menendez	E/worein (Seal)
Victor Perez	(Seal)
Amelia Llampay	(Seal)
STATE OF FLORIDA }	- · · · · · · · ·
COUNTY OF DADE }	

before me a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

Signature 5

Form of Identification

Efren Rafael Menendez

Known personally

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Drivers License

Victor Perez

Drivers License

COMMISSION NUMBER

Amelia Llampay

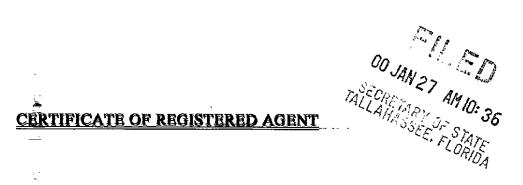
known to me and known to be the person(s) who executed the foregoing Article of Incorporation, who acknowledged before me that They executed these Articles of Incorporation, that I relied upon the forms of identification of the above named persons as indicated opposite each name, and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this 21st day of January

2000.

Notary Signature:

. Castellanos



CERTIFICATE OF REGISTERED AGENT OF BETTER HEALTH SERVICE INC.

Pursuant to Florida status Sections 48.091 and 607.0501. the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 2175 S.W. 78 Place Miami, Fl 33155

has named: Mirta G. Fernandez

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida law in keeping said office.

Registered Agent