

(SAMPLE LETTER OF TRANSMITTAL)

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

DATE 04/10/00

Re: PAGEMIAMI CORPORATION, Inc.
(Name of Corporation)

100003206171--4
-04/12/00--01078--011
*****78.75 *****78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

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

Very truly yours.

Renato Cardenas
(Individual's Name)
DR. RENATO CARDENAS

PAGEMIAMI CORPORATION
(Name of Corporation)

00 APR 12 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAILING ADDRESS OF CORPORATION		
590 NE 171th STREET		
MIAMI, FL. 33162-3951		
PHONE		
(305)	999-9400	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

PAGEMIAMI CORPORATION

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

PAGEMIAMI CORPORATION

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 issue 500 shares of common stock, par value \$ ONE per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	590 NE 171th STREET
CITY	MIAMI
FLORIDA	FL
ZIP	33162-3951

Mailing address, if different

STREET ADDRESS	SAME
CITY	FLORIDA
ZIP	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME	DR RENATO CARDENAS
ADDRESS	590 NE 171th STREET
CITY	MIAMI
FLORIDA	FL
ZIP	33162-3951

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (RM) 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 addresses of the initial director(s) of the corporation are as follows:

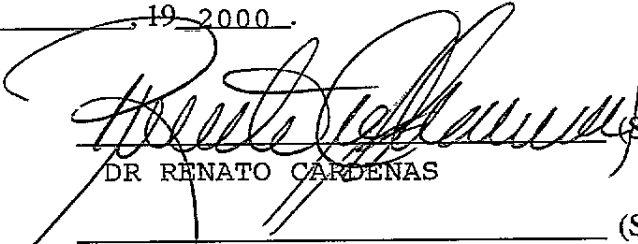
NAME	RONY MORALES,			President	
ADDRESS	1600 NW 36 STREET				
CITY	MIAMI	STATE	FL	ZIP	33142
NAME					
ADDRESS					
CITY		STATE		ZIP	
NAME					
ADDRESS					
CITY		STATE		ZIP	

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	DR RENATO CARDENAS				
ADDRESS	590 NE 171th STREET				
CITY	MIAMI	STATE	FL	ZIP	33162-3951
NAME					
ADDRESS					
CITY		STATE		ZIP	
NAME					
ADDRESS					
CITY		STATE		ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this 04 /10/2000 day of 19 2000.


 (Signature)
 DR RENATO CARDENAS

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
00 APR 12 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGEMIAMI CORPORATION

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

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


at 590 NE 171th STREET

MIAMI, FL. 33162-3951

has named DR. RENATO CARDENAS

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

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.


(Signature)
DR RENATO CARDENAS

04/10/00

(Date)