

Division of Corporations

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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 : MEDGUARD SERVICES INC.
Account Number : I19990000019
Phone : (305)389-2049
Fax Number : (305)266-7979

FLORIDA PROFIT CORPORATION OR P.A.

G & T Paradise Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FILED
00 JUN 27 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH JUN 28 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

G & T PARADISE INC.

ARTICLE II PRINCIPAL OFFICE

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

9251 S.W. 76th Terrace
Miami, Florida 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number share which this corporation shall have the authority to issue is
100 shares of common stock No Par Value. Each share shall have equal rights
with each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Graciela Pons
9251 S.W. 76th Terrace
Miami, Florida 33173

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Graciela Pons - President
9251 S.W. 76th Terrace
Miami, Florida 33173

Sara Calvo - Vice President
76303 S.W. 93rd Avenue
Miami, Florida 33173

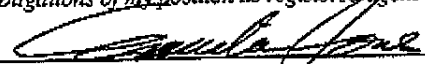

Signature/Incorporator

June 27, 2000

Date

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

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/Registered Agent

June 27, 2000

Date

Medguard Services, Inc.
1671 S.W. 67th Avenue
Miami, Florida 33155