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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

000003344100--7  
-08/02/00--01067--027  
\*\*\*\*122.50 \*\*\*\*78.75

SUBJECT: -----  
Hospi-Beds Corp.  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of  
incorporation and our check for \$ \_\_\_\_\_

ROM: -----  
Hospi-Beds Corp.  
Name (printed or typed)

7284 NW 54th Street

\_\_\_\_\_  
Address

Miami, Fl. 33166

-----  
City, State & Zip Code

(305) 889-1277

\_\_\_\_\_  
Telephone Number

Note: Please provide the original and one copy of the Articles.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Hospi-Beds Corp.

ARTICLE II PRINCIPAL OFFICE

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

7284 NW 54th Street  
Miami, Fl. 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mario Vargas  
9777 W View Dr #1137  
Coral Springs, Fl. 33076

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

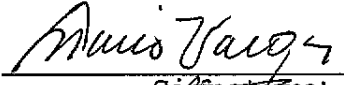
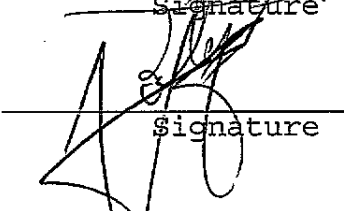
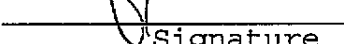
Mario Vargas  
9777 W View Dr #1137  
Coral Spring, Fl. 33076

President / Secretary

Jose Alvarez  
4765 NW 114th Avenue #101  
Miami, Fl. 33178

Vice-President / Treasurer

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 31 day of JULY 19-2000

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
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 Hospi-Beds Corp.

7284 NW 54th Street  
Miami, Fl. 33166

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

Mario Vargas

(Name)

9777 W View Dr #1137

(P.O. Box or Mail Drop NOT acceptable)

Coral Springs, Fl. 33076

( 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.

Mario Vargas  
(SIGNATURE)

July 31, 2000  
(DATE)