

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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-12/28/00 -01048--009

*****78.75 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TREVMAX, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2.00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 28, 2000

LAZARUS

MIAMI, FL

SUBJECT: TREVMAX, INC.
Ref. Number: W00000030247

We have received your document for TREVMAX, INC.. However, the document has not been filed and is being returned for the following:

A post office box is not an acceptable address for the registered agent.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 600A00064716

RECEIVED
00 DEC 29 AM 10:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
TREVMAX, INC.

FILED
00 DEC 29 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I – NAME

The name of this corporation is Trevmax, Inc. The principal address
of this corporation is P.O. Box 23549, Ft. Lauderdale Fl. 33307

ARTICLE II – DURATION

This corporation shall have perpetual existence commencing on the date of the filing of
these Articles with the Department of State.

ARTICLE III – PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business.

ARTICLE IV – CAPITAL STOCK

This corporation is authorized to issue 100 Shares of \$1.00 par value common stock
which shall be designated "Common Shares".

ARTICLE V – PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have
the right to purchase his prorata share thereof (as nearly as may be done without issuance
of fractional shares) at the price at which it is offered to others.

ARTICLE VI – INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is _____

3500 N.E. 11th AVENUE, FORT LAUDERDALE FLORIDA 33334

and the name of the initial registered agent of this corporation at that address is

Jeffrey Stroup.

ARTICLE VII – INITIAL BOARD OF DIRECTORS

This corporation shall have (1) Director (s) constituting the initial Board of Directors.

The number of Directors may be either increased or decreased from time to time by the

By Laws. The name (s) and address (es) of the initial Board of Directors of this

corporation are:

NAME

ADDRESS

Jeffrey Stroup

P.O. Box 23549

Ft. Lauderdale, Fl. 33307

ARTICLE VIII – INCORPORATORS

The names and address of each person signing these Articles are:

NAME

ADDRESS

Jeffrey Stroup

P. O. Box 23549

Ft. Lauderdale, Fl. 33307


ARTICLE IX – INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 20th day of October, 2000.



Subscriber:

STATE OF FLORIDA
COUNTY OF BROWARD

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Jeffrey Stroup know to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 20th day of October, 2000.



Notary Public, State of Florida At Large

My Commission Expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTE, THE FOLLOWING IS
SUBMITTED:

FIRST THAT Trevmax, Inc.
(Name of Corporation)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF
FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF

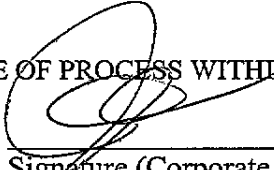
Ft. Lauderdale, STATE OF Florida, HAS NAMED

Jeffrey Stroup
(Name of Resident Agent)

LOCATED AT P. O. Box 23549
(Street Address and Number of Building, Post Office Box Addresses
are not Acceptable)

CITY OF Ft. Lauderdale, STATE OF FLORIDA, AS ITS AGENT
(City)

TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.


Signature (Corporate Officer)

President
Title

10/20/00
Date

HAVING BEEN NAMED TO ACCEPT SERVICE OR PROCESS FOR THE ABOVE STATE
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY
DUTIES.


Signature (Resident Agent)

10/20/00
Date

FILED
00 DEC 29 AM 11:59
TALLAHASSEE FLORIDA
SECRETARY OF STATE