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OFFICE ONLY CULEN ()	20479
LAZA RUS CORPORATE FILING SERVICE	
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MIAMI, FLORIDA (305)552-5973	
TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)	
	OFFICE USE ONLY
(collyonadors (dana)	BER(S) (if known): NUTRICION Y SALUD, INC. (Document #)
2	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name) Walk in Pick up time 200 Mail out Will wait Photocopy	(Documont #)
NEW FILINGS AMENDMI Profit Amendment NonProfit Resignation of R Limited Liability Change of Register Domestication Dissolution/Withd Other Merger	A., Officer/Director
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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:

Instituto Superior de Nutricion y Salud , INC.

ARTICLE II - PRICIPAL OFFICE

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

42 nw 27 st Suite 305-A Miami,FL 33125

ARTICLE III - SHARES

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

100

ARTICLE IV -- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Johannes A. Ochoa 2524 sw 137 ct Miami,FL 33175

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Article of Incorporation is:

> Johannes A. Ochoa 2524 sw 137 ct Miami,FL 33175

The undersigned incorporator has executed these Article of Incorporation this 21 day of February 2002

Signature ARTICLE VI - DIRECTOR(S)

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

> 1-Johannes A.Ochoa PRESIDENTE 2524 sw 137 ct Miami,FL 33175 2-Arnaldo de la Vega 15401 sw 137 ct Miami, FL 33177

VICE - PRESIDENTE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the Above stated corporation at 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 related to the proper and Complete performance of my duties, and I am familiar with and accept the Obligations of my position as Registered Agent.

Registered Agent Signature

