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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

**FLORIDA PROFIT CORPORATION OR P.A.
MARANON MEDICAL EQUIPMENTS & DISCOUNT, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

OF

MARANON MEDICAL EQUIPMENTS & DISCOUNT, INC
8443 SW 40TH STREET
MIAMI, FL 33155

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TALLAHASSEE, FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General corporation act. hereby adopts(s) the following articles of incorporation.

ARTICLE I NAME

The name of this corporation shall be:

MARANON MEDICAL EQUIPMENTS & DISCOUNT, INC

The principal place of business of this corporation shall be:

8443 SW 40TH STREET
MIAMI, FL 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any on the time is: 1000 Shares at ONE Dollar with a total of ONE THOUSAND Dollars.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS.

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President:
RICARDO MARANON
8443 SW 40TH STREET
MIAMI, FL 33155

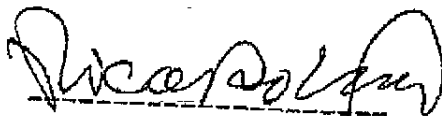
ARTICLE VI INCORPORATION(S).

The name(s) and street address(es) of the incorporator(s) to this article of incorporation is(are)

President:
RICARDO MARANON
8443 SW 40TH STREET
MIAMI, FL 33155

In witness whereof, the undersigned incorporator(s) has(have) executed these article of incorporation this 8th day of July, 2002.

Signature(s) of incorporator(s)



RICARDO MARANON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDACERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.325 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;

MARANON MEDICAL EQUIPMENTS & DISCOUNT, INC

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

RICARDO MARANON

8443 SW 40TH STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33155

(CITY/STATE/ZIP)

SIGNATURE: 

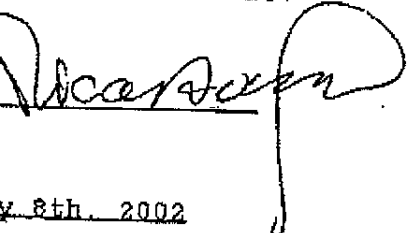
TITLE

President

DATE :

July 8th, 2002

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE July 8th, 2002

REGISTERED AGENT FILING FEE