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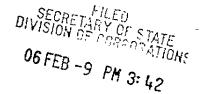
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87 TH AVENUE		
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CORPORATION NAME(S) & DOCUMENT NUM LAURAS THERAPY AND (Corporation Name)	BER(S), (if known): DESTHETICS, CORP. Document #)	
(Corporation Name) (I	Document #)	
3(Corporation Name) (I	Document #)	
(Corporation Name) (I	Document #)	
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NEW FILINGS AMEND	MENTS	
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OTHER FILINGS REGIST	REGISTRATION/QUALIFICATION	
Rein	ted Partnership statement emark	

Examiner's Initials

CR2E031(7/97)



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 1 - NAME

The name of the corporation shall be:

LAURA'S THERAPY AND ESTHETICS, CORP.

ARTICLE II - PRINCIPAL OFFICE

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

22358 GARRISON ST. BOCA RATON, FL 33428

ARTICLE III -SHARES

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

1000

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

LAURA GARCIA 22358 GARRISON ST. BOCA RATON, FL 33428

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is: LAURA GARCIA

22358 GARRISON ST.

BOCA RATON, FL

33428

The undersigned incorporator has executed these Articles of Incorporation this 8 day of FEBRUARY

ARTICLE VI- DIRECTOR (S)

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

PRESIDENT: LAURA GARCIA

22358 GARRISON ST.

BOCA RATON, FL

33428

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