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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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| CORPORATION NAME(S) & DOCU | MENT NUMBER(S) | , (if known): |
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CR2E031(7/97)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II | PRINCIPAL OFFICE | |
|--------------------------|---|--|
| Principal street address | | Mailing address, if different is: |
| | 14758 SW 56 St | <u> </u> |
| | Ste 177 | |
| | Miami, Fl 33185 | |
| 4 D. W. C. I. W. T. T. | ************************************** | |
| ARTICLE III | | hange |
| | which the corporation is organized is: | der the Constitution and Statutes on the |
| State of Flo | | der the Constitution and Statutes on the |
| State of Flo | nua. | |
| | | |
| | | <u>क्षे</u> के । |
| | | |
| ARTICLE IV | SHARES | |
| The number of sh | hares of stock is: One Hundred (100) Sn | ares Authorized of Common Stock with |
| ADTICIE 17 | One Dollar (\$1.00) Par INITIAL OFFICERS AND/OR DIRE | The state of the s |
| Name and | Title: Pt then O Lovato - P | Name and Title: |
| Address: | 14758 SW 56 St Ste. 177 | A 4.1 |
| Audicis. | Miami, Fl. 33185 | |
| | | |
| | | |
| Name and | Title: Manuel Monteagudo - VP | Name and Title: |
| Address: | 14758 SW 56 St Ste. 177 | Address: |
| | Miami, Fl. 33185 | |
| | | |
| Name and | Title: Carlos A Hornandoz VD | Name and Title: |
| Address: | 14758 SW 56 St Ste 177 | Address: |
| 71447055. | Miami, Fl. 33185 | |
| | | |
| | | |
| ARTICLE VI | | III No Gallar anna internacia a constitu |
| | lorida street address (P.O. Box NOT accept | |
| Name: Address: | Ruben O Lovato | |
| Address: | 14758 SW 56 St Ste 177 Miami, Fl 33185 | |
| | <u> </u> | |
| ARTICLE VII | INCORPORATOR | |
| | ddress of the Incorporator is: | |
| Name: | Ruben O Lovato | |
| Address: | 14758 SW 56 St Ste 177 | |
| | Miami, Fl. 33185 | |
| y 1 1 | | de de la companya de |
| Taving been nai | mea as registerea agent to accept service of | process for the above stated corporation at the place designated i as registered agent and agree to act in this capacity |
| nis cerujicuie, i | um jamuuar wun ana accept the appointment | as regulered agent and agree to act in this capacity |
| | 4/pull () //~ | |
| | 101/ | |
| | Required Signature/Registered Age | Date |
| submit this do | cument and affirm that the facts Atated her. | in are true. I ash aware that the false information submitted in |
| 340/141 1/15 401 | Department of State constitutes a third degre | e felono as provided for in s.817.155. F.S. |
| ocument to the | | . , |
| ocument to the | · · · · · · · · · · · · · · · · · · · | |
| locument to the | (heal m) | |