

((H95000001100)) PUBLIC ACCESS SYSTEM
 ELECTRONIC FILING COVER SHEET
 TO: DIVISION OF CORPORATIONS FROM: EMPIRE CORPORATE KIT COMPANY
 DEPARTMENT OF STATE 1492 W FLAGLER ST
 STATE OF FLORIDA SUITE 200
 409 EAST GAINES STREET MIAMI FL 33136- 311-
 TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT
 FAX: (904) 922-4000 PHONE: (305) 541-3694

((H95000001106))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: OMNI CONSOLIDATORS, INC.
FAX AUDIT NUMBER: H95000001106 CURRENT STATUS: REQUESTED
DATE REQUESTED: 01/26/1995 TIME REQUESTED: 17:39:33
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX
ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 072450003255
Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.
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** ENTER 'M' FOR MENU. **
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ARTICLES OF INCORPORATION
OF
OMNI CONSOLIDATORS, INC.

ARTICLE I - NAME

The name of this corporation is Omni Consolidators, Inc., located at 2710 N.W. 112th Avenue, Miami, Florida 33172.

ARTICLE II - DURATION

The Corporation shall have perpetual existence.

ARTICLE III - PURPOSE

The purpose of this Corporation is to engage in any activities or business permitted under the Laws of the United States and the State of Florida.

ARTICLES IV - CAPITAL STOCK

Authorized shares of common stock shall be 1,000 shares with no par value per share.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The initial registered office of this Corporation shall be located at 5200 Blue Lagoon Drive, Suite 600, Miami, Florida 33126, and the initial registered agent of this Corporation shall be Complete Corporate Services, Inc., who upon accepting this designation agrees to comply with the provisions of Section 48.091 (West 1990) with respect to keeping an office for service of process.

Prepared By: Robert Schrader, Esquire

5200 Blue Lagoon Drive, Suite 600
Miami, Florida 33126
(305)267-9200
Fla. Bar #0689564

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of one at least (1) member. The number of directors may be increased or decreased from time to time by vote of the stockholders, but in no case shall the number of directors be less than one (1).

ARTICLE VII - INCORPORATOR

The name and street address of the person signing these Articles of Incorporation is:

Name	Address
Robert G. Schrader	5200 Blue Lagoon Dr., #600 Miami, FL 33126

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 26th day of January, 1995.


Robert G. Schrader, Incorporator

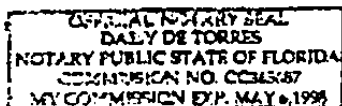
STATE OF FLORIDA)
) SS
COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared Robert G. Schrader, known to me to be the person who executed for foregoing Articles of Incorporation of Omni Consolidators, Inc., and who acknowledged before me that he executed the same for the uses and purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 26th day of January, 1995.


Notary Public

My commission expires:



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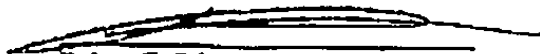
**CERTIFICATE DESIGNATING REGISTERED
AGENT AND STREET ADDRESS FOR SERVICE OF
PROCESS WITHIN FLORIDA**

Pursuant to Florida Statutes § 48.091, Omni Consolidators, Inc. desiring to organize under the laws of the State of Florida, hereby designates Complete Corporate Services, Inc. as its registered agent to accept service of process within the State of Florida.

ACCEPTANCE OF REGISTERED AGENT

Having been named in the Articles of Incorporation to accept service of process for Omni Consolidators, Inc. at the place designated above, Complete Corporate Services, Inc. agrees to act in this capacity, and agrees to comply with the provisions of Florida Statutes, Section 48.091 relative to maintaining such an office.

Date: 1/26/95


Robert G. Schrader, Secretary
Complete Corporate Services, Inc.
Registered Agent

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P9500007253

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for refund and request that a State Warrant be drawn in favor of:

Name: EDA C. MORIARTY, LEGAL ASSISTANT
SANDLER, TRAVIS & ROSENBERG, P.A.

Address: 5200 BLUE LAGOON DR., THE WATERFORD
MIAMI, FL 33126-2022

Amount: \$35.00 OMNI CONSOLIDATORS, INC., #P95000007253

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: DOCUMENT NOT FILED WITH SECRETARY OF STATE

Section: AMEND Clerk: K. GIBSON Date Processed: _____

CERTIFIED TRUE AND CORRECT this 13th day of June, 1995.

XXX

Eda Moriarty
 Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
 The amount recommended \$ 35.00

The amount requested above was originally deposited into the State Treasury.
 State Treasurer's Receipt # 01018 011, Dated 05/26/95

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
 4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:
 NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
 4 5 2 0 2 1 3 7 0 0 1 4 5 3 0 0 0 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0

Certified True and Correct this _____ day of _____, 19____.

Dept. of State, Div. of Corporations
 Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.