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TRANSMITTAL LETTER

Department of State
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

500001504555
 -06/02/95--01034--022
 ****131.25 ****131.25

SUBJECT: Miami Skyline Construction Corp.
 (Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and for :

\$70.00
 Filing Fee

\$78.75
 Filing Fee & Certificate

\$122.50
 Filing Fee & Certified Copy

\$131.25
 Filing Fee, Certified Copy & Certificate

Additional Copy Required

95 JUL - 1 PH 3:33
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

FILED

Claudio Rodriguez GAVE

AUTHORIZATION BY PHONE TO

CORRECT Art II

DATE 6/1/95 FROM: Claudio Rodriguez
 Name (printed or typed)

DCC EXAM. alt

3741 NE 163 St #173
 Address

N.M.B FL 33160
 City, State & Zip

(305) 945-8018
 Daytime Telephone number

OK to file with attached for per
 alt
 6/1/95

Name
Availability
Document Examiner
Updater
Updater Verifier
Acknowledgement
W. P. verifier

FILED _____
 C. COPY _____
 R. AGENT _____
 TOTAL _____
 BALANCE DUE \$ _____
 REFUND \$ _____

NOTE: Please provide the original and one copy of the articles.

Miami, May 25, 1995

Florida Department Of State
Division Of Corporations
PO Box 6327, Tallahassee
Florida 32314

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95 JUN -1 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dear Ms. Brenda Tadlock:

This a letter from Skyline Construction Corp. (a New York Corporation) releasing the name of Miami Skyline Construction Corp. to do business as a foreign corporation in Florida. I authorize to use the name - MIAMI SKYLINE CONSTRUCTION CORP.- "only" to the new corporation formed in Florida (please find application enclosed in envelop).

Since I do not do business in New York anymore I am dissolving the corporation in New York and I am starting a new corporation in Florida. Everything will remain the same (name, registered agent, license number, phone numbers, etc.). Therefore, I would like to make sure the name Miami Skyline Construction Corp. is used for the new corporation.

I thank you for your help and if you have any questions please do not hesitate to call me.

Name: Mr. Claudio Rodriguez

Address: 3741 NE 163 St. # 173, North Miami Beach, Fl. 33160

Phone # (305)945-8018.

Thank You

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.

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Miami Skyline Construction Corp

ARTICLE II PRINCIPAL OFFICE

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

3741 N.E. 163 St., North Miami Beach,
Florida. 33160 #173

ARTICLE III SHARES

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

500 Shares → \$1⁰⁰/Share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Claudio Rodriguez
3722 N.E. 166 St., North Miami Beach, FL 33160

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Claudio Rodriguez
3722 NE 466 St. North Miami Beach
Fl. 33160

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25 day of May, 1995.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Miami Skyline Construction Corp.

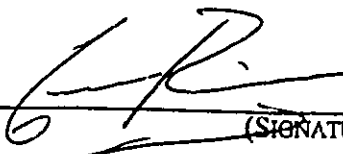
2. The name and address of the registered agent and office is:

Claudio S. Rodriguez
(NAME)

3722 NE. 166 St.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

N.M.B., FL. 33160
(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

05-18-95
(DATE)

95 JUN 1 9 51 AM
PH 3:33
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SECRETARY OF STATE
TALLAHASSEE FLORIDA