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TRANSMITTAL LETTER

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

for:

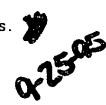
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SUBJECT: Proposed corporate name - must include suffix)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	Filing Fee, Certified Copy & Certificate Required
FROM:	SPERON HELDEN		
	3939 NE	Address	304
	EVER RA	77 (/) [2 3	3437
	(407) 7	50 - 5 206. Telephone number	

Enclosed is an original and one (i) copy of the articles of incorporation and a check

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



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 I NAME

The name of the corporation shall be:

HEALTH'S TRIPIKS, I PJO.

ARTICLE II PRINCIPAL OFFICE

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

PROFA KATOLIFE RENTAL

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHAROLD HILLMAN,
3930 ML & AVE, 1004
BOXA RATONS & L 33431

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):

SHAKIN HELMAN - 3937 NE 5 AVE, DULY
BOCA RATION FL 33431

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

18 day of SEPTLMBLR, 19 95

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:	EALTHY DRINGKS, NO	
2. The name and address of the registered	agent and office is:	
Ji-AR'Cr	/-L _ MAN (NAME)	
3930 A/2 (P O. Box or M	ail Drop Box NOT ACCEPTABLE)	1
Buch RA	TENT EL 33431 (CHY/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.

Abrum Kichman 19-18-25 (SIGNATURE) (DATE)