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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAS-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 02- 0-0000
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H96000000274))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: CUELLAR DENTAL LAB. INC.
FAX AUDIT NUMBER: H96000000274
DATE REQUESTED: 01/05/1996
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ARTICLES OF INCORPORATION

OF

CUELLAR DENTAL LAB. INC.

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TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CUELLAR DENTAL LAB. INC.

The principal place of business of this corporation shall be: 44 N.E. 45 St. Miami, Fl. 33137

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 5000 Shares ($1.00) One dollar par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ALEJANDRO CUELLAR	PRESIDENT, TREASURER, SECRETARY REGISTERED AGENT	44 N.E. 45 St. Miami, Fl 33137

Prepared by: Alejandro Cuellar
44 N.E. 45 St. Miami, Fl. 33137
Phone: (305) 571-9152

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ALEJANDRO CUELLAR, 44 N.E. 45 St. Miami, Fl. 33137

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4 day of January, 1996.

Signature(s) of Incorporator(s):

ALEJANDRO CUELLAR

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: CUELLAR DENTAL LAB. INC.

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

ALEJANDRO CUELLAR, 44 N.E. 45 St. Miami, Fl. 33137
(P.O. BOX NOT ACCEPTABLE)

Miami, Fl. 33137
(CITY/STATE/ZIP)

SIGNATURE Alejandro Cuellar
(corporate officer) ALEJANDRO CUELLAR

TITLE PRESIDENT

DATE January 4, 1996

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Alejandro Cuellar
ALEJANDRO CUELLAR

DATE January 4, 1996