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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA

FROM: ACE INDUSTRIES, INC.
64 NW 11TH ST

409 EAST GAINES STREET
TALLAHASSEE, FL 32399

FAX: (904) 922-4000

CONTACT: LYNN FRIEDMAN
PHONE: (305) 358-2571
FAX: (305) 358-7832

MIAMI FL 33138-2890

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: ELNA MEDICAL SUPPLY, INC.

FAX AUDIT NUMBER: H96000000901

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/18/1996

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

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H96-00901

ARTICLES OF INCORPORATION
OF
ELNA MEDICAL SUPPLY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We the undersigned incorporate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities and liabilities of incorporation for profit and subject to the following provisions.

ARTICLE I

The name of the corporation shall be: ELNA MEDICAL SUPPLY, INCORPORATED

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

This corporation is organized with the purpose to engage in the transaction of service and distribution of medical supplies, etc. -----
and all other lawful activities of business permitted under the laws of the State of Florida and of the United States of America.

ARTICLE IV

The aggregate maximum number of shares which this corporation shall have authority to issue and have outstanding at anyone time is: Five Hundred Shares at One Dollar Value.

ARTICLE V

This corporation shall begin business with no less than -- Five Hundred Dollars (\$500.00).

ARTICLE VI

The post office address of the principal office of this -- corporation shall be: 395-A East 10th Avenue, Hialeah, Fla. 33010.

H96-00901
ACE INDUSTRIES, INC.
54 NW 11th Street
Miami, FL 33136
305-358-2571

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ARTICLE VII

The name and address of the initial Registered Office of --
this corporation in the State of Florida is:

Elizabeth Benitez
825 West 32nd Street
Hialeah, Florida 33012

ARTICLE VIII

The business of the corporation shall be managed by a Board
of Directors. The number of Directors, no less than one, no
more than five and shall be fixed by resolution of the ----
stockholders at regular or special meetings, subject to the
manner of holding such meetings prescribed by the by-laws.

ARTICLE IX

The name and post office address of the members of the Board
of Directors who shall serve as members thereof, are as ----
follows:

NAME	OFFICE	ADDRESS
Nancy Perez	President	233 De Soto Drive Miami Springs, Fl. 33166
Elizabeth Benitez	Secretary	825 West 32nd Street Hialeah, Florida 33012

ARTICLE X

Distribution to incorporators is as follows:

Nancy Perez	250 Shares	\$ 250.00 Value
Elizabeth Benitez	250 Shares	\$ 250.00 Value

ARTICLE XI

Each stockholder before offering to sell or otherwise dispose
of the stock of this corporation, owned by him first offer --
such stock to the remaining stockholders of this corporation
and obtaining their refusal to purchase same, proceed to sell
at the fair market value thereof.

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ARTICLE XII

Amendments to the Articles of Incorporation, merger, consolidations or dissolution shall be approved and submitted to the stockholders for approval 100% of all votes will be necessary and thirty days notice shall be provided.

ARTICLE XIII

This corporation shall have full power to carry on and transact each or all business enumerated in Article III of this -- Articles of Incorporation. Shall have all the general and --- additional powers now conferred upon it by the laws and the - by-laws.

IN WITNESS THEREOF, we the undersigned, have made subscribed and acknowledged these Articles of Incorporation, on this -- 11th Day of January 1996.


Nancy Perez-Incorporator

STATE OF FLORIDA)
)
COUNTY OF DADE)


Elizabeth Benitez-Incorporator

Before me the undersigned authority duly authorized to administer oath and take acknowledgement, personally appeared ---
NANCY PEREZ AND ELIZABETH BENITEZ -----

who after first being duly sworn, executed the foregoing ---
ARTICLES OF INCORPORATION, freely and voluntarily for the ---
purpose therein expressed.

IN WITNESS THEREOF I have hereunto set my hand and official -
seal at Miami, said County and State, this 11th Day of January,
1996.




NOTARY PUBLIC, State of Florida at
large.

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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.

The name of the Corporation is ELNA MEDICAL SUPPLY, INC.

The name and address of the Registered Agent and office is
Elizabeth Benitez, 825 West 32nd Street, Hialeah, Fla. 33012


Corporate Officer

Title: President

Dated: January 11, 1996

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TALLAHASSEE, FLORIDA

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Having been named to accept service of process for the above
stated corporation, at the place designated in this certifi-
cate, I hereby agree to act in this capacity, and further --
agree, to comply with the provisions of all statutes relative
to the proper and complete performance of my duties; and ---
accept the duties and obligations of section 607.325,, Flori-
da Statutes.


Elizabeth Benitez-Registered Agent
accepting office.

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