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(SAMPLE LETTER TRANSMITTED)

Date 1/25/96

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

Re: ALL CUSTOM CABINETS CORP., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Luis Silvestre
(individual's name)
LUIS SILVESTRE

ALL CUSTOM CABINETS CORP.
(name of corporation)

MAILING ADDRESS OF CORPORATION		
8346-B N.W. SOUTH RIVER DR.		
MIAMI, FLORIDA 33166		
PHONE		
(305)	884-3320	
Area Code	Number	Ext.

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1/31

ARTICLES OF INCORPORATION

of

ALL CUSTOM CABINETS CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ALL CUSTOM CABINETS CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares (100) of ONE DOLLAR Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	LUIS SILVESTRE		
ADDRESS	1125 W. 76 St. Apt. 4		
CITY	Hialeah	FLORIDA	ZIP 33014

The principal office, if known, or the mailing address of the corporation is:

NAME	ALL CUSTOM CABINETS CORP.		
ADDRESS	8346-B N.W. South River Drive		
CITY	Miami	FLORIDA	ZIP 33166

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	LUIS SILVESTRE		
ADDRESS	1125 W. 76 St. Apt. 4		
CITY	Hialeah	STATE Florida	ZIP 33014
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

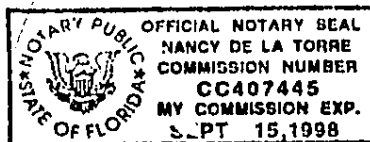
The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	LUIS SILVESTRE		
ADDRESS	1125 W. 76 St. Apt. 4		
CITY	Mialeah	STATE	Florida ZIP 33014
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 25 day of January, 19 96.

Luis Silvestre (Seal)
 _____ (Seal)
 _____ (Seal)

[Signature]



NANCY DE LA TORRE

1/25/96

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

ALL CUSTOM CABINETS CORP.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 8346-B N.W. South River Drive
Miami, Florida 33166

has named LUIS SILVESTRE
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)