

(SAMPLE LETTER OF TRANSMITT

P96000010272

Date

FILED
36 FEB - 1 AM 7:00
TALLAHASSEE, FLORIDA

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

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-01/19/96--01041--007
****122.50 ****122.50

Re: Pro^{Tech} CARE MEDICAL SUPPLIES, 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,

LEWIS DE LA FUENTE.
(Individual's name)

PRO CARE MEDICAL SUPPLIES INC.
(name of corporation)

W96-1769

MAILING ADDRESS OF CORPORATION		
601 N.E. 39 STREET		
MIAMI		302
APT 244 FLORIDA		
33137		
PHONE		
()		
Area Code	Number	Ext.

896 4515

ARTICLES OF INCORPORATION

PROTECH CARE MEDICAL SUPPLIES INC
(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:

PROTECH MEDICAL SUPPLIES INC.

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 ONE THOUSAND shares (1000) of ONE 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	<u>LEWIS DE LA FUENTE</u>		
ADDRESS	<u>1393 S.W. 1ST STREET STE 303</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33135</u>

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

NAME	<u>PROTECH MEDICAL SUPPLIES INC.</u>		
ADDRESS	<u>601 N.E. 39TH STREET APT 244</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33137</u>

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	<u>LEWIS DE LA FUENTE</u>		
ADDRESS	<u>1393 S.W. 1ST STREET STE 303</u>		
CITY	<u>MIAMI</u>	STATE <u>FLORIDA</u>	ZIP <u>33135</u>
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:

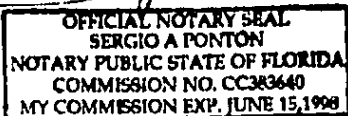
NAME	LEWIS DE LA FUENTE		
ADDRESS	1393 S.W. 1ST STREET STE 303		
CITY	MIAMI	STATE	FLORIDA ZIP 33135
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17TH day of JANUARY, 1996.


 _____ (Seal)
 LEWIS DE LA FUENTE
 _____ (Seal)
 _____ (Seal)

SUBSCRIBED BEFORE ME
 IN MIAMI - FLA.
 ON 17TH DAY OF JANUARY 1996





CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

PROTECH MEDICAL SUPPLIES INC.
(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

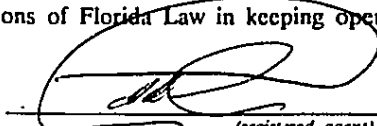
at 1393 S.W. 1ST STREET STE 303
MIAMI - FLA - 33135

has named LEWIS DE LA FUENTE
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

FILED
96 FEB -1 AM 7:00
TALLAHASSEE, FLORIDA
SECRETARY OF 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)
LEWIS DE LA FUENTE