CIC ACC 88 BYSTEM (((M360000000977))) ELECTRONIC FILING COVER SHEET TO: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC. DEPARTMENT OF STATE 8405 NW 53RD BT CUITE C 100 MINIC OF FLURIDA 409 EAST GAINES STREET MIAMI FL 33166-TALLAHABBEE, FL 32399 CONTACT: LIDIA FERNANDEZ FAX: (904) 922-4000 PHONE: (305) 599-0839 FAX: (305) 592-9591 (((H96000000977))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P A. NAME: M.A.P. ENTEPRISES, INC. FAX AUDIT NUMBER: H96000000077 CURRENT STATUS: REQUESTED DATE REQUESTED: Ø1/19/1996 TIME REQUESTED: 14:25:40 CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX ESTIMATED CHARGE: \$78.75 ACCOUNT NUMBER: 071001002335 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H960000000977))) ** ENTER 'M' FOR MENU. ** ENTER BELECTION AND (CR):

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 22, 1996

FAS-T CORP. AGENTS, INC.

MIAMI, FL

SUBJECT: M.A.P. ENTERPRISES, INC.

REF: W96000001524

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist FAX Aud. #: H96000000977 Letter Number: 396A00002600

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ARTICLES OF INCORPORATION

QE

M.A.P. ENTERPRISES OF MIAMI, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORE

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

ARTICLE | NAME

The name of the corporation shall be: M.A.P. ENTERPRISES OF MIAMI, INC.

The principal place of business of this corporation shall be: 3000 Island Boulevard Apt 506 Williams Island, F1 33180

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: 100 Shares No 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 success—(a) is(are) elected, is(are):

Maria Victoria Sanchez

3000 Island Boulevard Apt #506 Williams Island, Fl 33180

Prepared by: Rodri

Rodrigo A. Escobar

3000 Island Boulevard Apt 506 Williams Island, F1 33180

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ARTICLE VI INCORPORATOR(8)

The name(s)	and street address(es) of th	e incorporator(s) to	this articles	of incorpora-
tion is(are):				

Rodrigo A. Escobar

3000 Island Boulevard Apt 506 Williams Island, Fl 33180

IN WITNESS WHEREOF, the u Articles of incorporation this	ndersigned incorporator(s) has(have) executed these19th day ofJanuary, 19_96
	Signature(s) of Incorporator(s)
,	Modiged Ender

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:M,A	.P. ENTERPRISES OF MIAMI, INC.				
2. The name and address of the registere	d agent and office is:				
Rodrigo A. Escot	har				
(P.O. BOX NOT ACCEPTABLE)					
3000 Island Boulevard Apt # 506					
(CITY/STATE	Z/ZIP)				
Williams, Island, Fl	33180				
SI	GNATURE Modern A College (corporate officer)				
TIT	TLE Director				
DA DA	ATE1/19/96				
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.					
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REGISTERED AGENT FILING FEE: