

CHARGE, PLEASE PRINT NAME AND ADDRESS TO APPEAR ON THIS PROCESS, ENTER 1.

2/17/96

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

3:32 PM

((H96000002720))

ELECTRONIC FILING COVER SHEET

7: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST BAINES STREET

MIAMI FL 33166- 57-

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000002720))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: EVENTFUL EXPRESSIONS, INC.

FAX AUDIT NUMBER: H96000002720

CURRENT STATUS: REQUESTED

DATE REQUESTED: 02/26/1996

TIME REQUESTED: 15:31:54

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.

((H96000002720))

RECEIVED

96 FEB 27 AM 8:30

FLORIDA DIVISION OF CORPORATIONS

[Handwritten signature]
2/27/96

FILED
96 FEB 27 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H96000002720

ARTICLES OF INCORPORATION

OF

EVENTFUL EXPRESSIONS, INC.

FILED
96 FEB 27 PM 12:15
SECRETARY OF STATE
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: EVENTFUL EXPRESSIONS, INC.

The principal place of business of this corporation shall be: 9000 S.W. 17 St.,
Miami, Fl 33165

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 at \$1.00 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):

President: Maria P. Melendez 9000 SW 17 St. Miami, Fl 33165

VP/T : Mayela Melendez 9000 SW 17 St. Miami, Fl 33165

Secretary : Maria L. Melendez 9000 SW 17 St. Miami, Fl 33165

Prepared by: Maria P. Melendez
9000 SW 17 St.
Miami, Fl 33165
(305) 552-5154

H96000002720

ARTICLE VI INCORPORATOR(S)

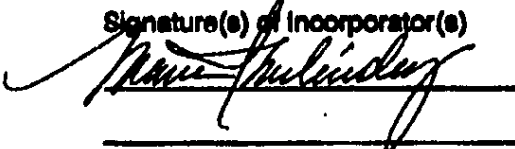
The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Maria L. Melendez

9000 SW 17 St.
Miami, Fl 33165

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 26th day of February, 1996.

Signature(s) of Incorporator(s)



**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: EVENTFUL EXPRESSIONS, INC.

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

Maria P. Melendez 9900 SW 17 St.
(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33165
(CITY/STATE/ZIP)

SIGNATURE

TITLE President

DATE 2/26/96

96 FEB 27 PM 12:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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

DATE 2/26/96

REGISTERED AGENT FILING FEE: