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DIVISION OF CORPORATIONS

FAX #: (850)487-6897

ROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT. PHONE: (305)541-3694

FAX #: (305)541-3770

AME: PACIFIC HEALTH CARE INC.

AUDIT NUMBER..... H98000019363 DOC TYPE.....BASIC AMENDMENT

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(D)

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

PACIFIC HEALTH CARE INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, the undersigned corporation adopts the following articles of amendment to Delete its articles of incorporation:

FIRST: Amendment(s) adopted: Delete Sacha stone (vice President)

SECOND:

If an amendment provides for and exchange, reclassificatrion or

cancellation of issue shares, provisions for implementing the amendment

if not contained in the amendment itself, are as follows:

THUED:

The date of each amendment's adoption: Octuber 16, 1998.

FOURTH:

Adoption of Amendment(s) (check one)

- The amendment(s) was/were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).]

The number of votes cast for the amendment(s) was/were sufficient for approval

(voting group)

Prepared by: 7 Xiomara Lee 9100 S. Dadeland Blvd Suite #410 Miami, Florida 33156 (305) 670. 1069

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Sign XI tolls Tr day of	etolier)_19	98
By Chairman or Vice Chairman of the officer if adopted by the s	Name) Name) Name) Name Nam	
(A director or incorporator if adol	pled by the directors or in	(2107670G100
MARIA (Typed or printe) PRESIDE (Title)	Suco.	
•	_	*
XJOMARA LEE	•	•
NDIVIDUAL NAME XIOMARA LEE P.A. IRMS: NAME		SUB TOTALS
9100 south DADELA	ND BLVD. # 4/0	•
TREET ADDRESS MIAMI FL. 33156		SALES TAX\$
ITY STATE 670-1069	ZIP	TOTALs_
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