P960000 51759 TRANSMITTAL LETTER

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

SUBJECT: W	ORLD O	F FITNESS		
	Proposed corporate	name - must include su	Mix)	
			21 to 21	
Enclosed is an origina	l and one (1) co	opy of the articles o	f incorporation	and a check
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:		LDO DABA (printed or typed)	LSA & JO	DSE A. BARQUIN
	18291	SW 39ST.		
		ty, State & Zip		
		25 - 0941 Telephone number		

NOTE: Please provide the original and one copy of the articles.

6B 6/18/96



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Juno 6, 1996

RICARDO DABALSO 13291 SW 39TH ST MIAMI, FL 33175

SUBJECT: WORLD OF FITNESS Ref. Number: W96000011994

We have received your document for WORLD OF FITNESS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

YOU MUST LIST ONLY ONE REGISTERED AGENT.

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) 487-6931.

Garrett Blanton Document Specialist

Letter Number: 896A00028309

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

World of Adires, The

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Miani, FL 33175

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100) Slaves

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Marcia B. Caballero, Esq. 2450 E LU 137411 Hvc. Scite 221 Michni, Fl. 33175

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): Michigan 2 Vie A. Parquing 1921 M. W. KK 14 Michigan 16 8917 Malechican 12 Halicah Carther, 12 3216 ARTICLE TOTO CHICLES ON DIRECTORS 1 Francis Dalatea - Hendard, Treasurer and Director-13291 CW. 399 Mining 14. 33175 2. 10.0 A. Barquine - Vice Heidert, repretury and Director thatcal Grandens, 11. 22016

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

(An additional article must be added if an effective date is requested.)

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	
2.	The name and address of the registered agent and office is:	(17)
	1) KILLICA 13 (1/1/1/CIC) 1-14	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
	(CITY/STATE/ZIF)	

Having been named as registered agent and to accept service of process for the above stated corporation if the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE)