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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS
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DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

5401 COLLINS AVE., #9

MIAMI BEACH FL 33140-

CONTACT: GEORGE G PICARDIE

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FAX: (305) 861-4414

FAX: (904) 922-4000

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OR P.A.

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION

NAME: FLORIDA OPTIMA SHAPING, CORP.

FAX AUDIT NUMBER: H96000011916

CURRENT STATUS: REQUESTED

DATE REQUESTED: 08/26/1996

TIME REQUESTED: 14:02:58

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TALLAHASSEE, FLORIDA

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DEPT. OF CORP. AFFAIRS

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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:

FLORIDA OPTIMA SHAPING, CORP.

ARTICLE II PRINCIPAL OFFICE

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

7741 S.W. 54 Court
#3
Miami, Fl. 33143

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1000) shares at One Dollar (1.00) per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis Fernando Gaviria
7741 S.W. 54 Court
#3
Miami, Fl. 33143

Prepared by: Luis Fernando Gaviria
7741 S.W. 54 Court
#3
Miami, Fl. 33143
(305) 668-9682

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TALLAHASSEE, FLORIDA

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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):

Luis Fernando Gaviria
7741 S.W. 54 Court
#3
Miami, Fl. 33143


Director & President.

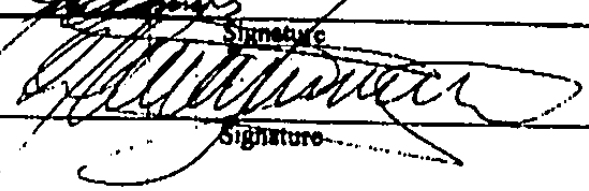
Monica Carnicero
7741 S.W. 54 Court
#3
Miami, Fl. 33143

Director, Vice-President,
Secretary & Treasurer.

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

23 day of August, 19 96.



Signature


Signature

Signature

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

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**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: FLORIDA OPTIMA SHAPING, CORP.

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

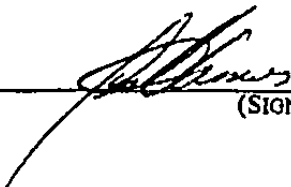
Luis Fernando Gaviria
(NAME)
7741 S.W. 54 Court #3
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Miami, FL 33143
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at 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)

8-23-96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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