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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: CORPORATE CREATIONS INTERNATIONAL IN
401 OCEAN DR
SUITE 312
MIAMI BEACH FL 33139-0000
CONTACT: JOHNNY C RODRIQUEZ
PHONE: (305) 672-0686
FAX: (305) 672-9110

(((H96000011983))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: KIM K. INC.
FAX AUDIT NUMBER: H96000011983
DATE REQUESTED: 08/27/1996
CERTIFIED COPIES: 0
NUMBER OF PAGES: 4
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METHOD OF DELIVERY: FAX
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TALLAHASSEE, FLORIDA

8/28

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Articles of Incorporation
of
Kim K. Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I. Name

The name of this Florida corporation is:
Kim K. Inc.

Article II. Address

The mailing address of the Corporation is:

Kim K. Inc.
6324 Walk Circle
Boca Raton FL 33433

Article III. Capital Stock

The Corporation shall have the authority to issue 2,000 shares of common stock, par value $.01 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Kim Kornfeld
6324 Walk Circle
Boca Raton FL 33433

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation.

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Corporate Creations International Inc.
401 Ocean Drive • Suite 312 • Door Code #125
Miami Beach FL 33139-6629
(305) 672-0686

The election of directors shall be done in accordance with the Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Kim Kornfeld

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.
401 Ocean Drive • Suite 312 • Door Code #125
Miami Beach FL 33139-6629

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective August 27, 1996

The authorized representative of the incorporator executed these Articles of Incorporation on August 27, 1996

Corporate Creations International Inc.

By:_____

Luis A. Uriarte Vice President

Corporate Creations International Inc.
401 Ocean Drive • Suite 312 • Door Code #125
Miami Beach FL 33139-6629
(305) 672-0686

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT AND REGISTERED OFFICE

CORPORATION:
Kim K. Inc.

REGISTERED AGENT:
Kim Kornfeld
6324 Walk Circle
Boca Raton FL 33433

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Kim Kornfeld
by L.A. Uriarte as attorney-in-fact

Date: 8/27/9

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Kim K INC. EIN or SS#: 65-0693597

NEW Address: 7675 SIERRA TERRACE
BOCA RATON, FL 33433

Amount: $385.00 Date Paid 07/25/97

Reason for claim: Overpayment of Annual Report Fee.
YESP P96-71421

Certified true and correct this _____ *day of* _____, *19* _____.

Signature Kim Kornfeld

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: *Amount of recommended refund* $ 385.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on

State Treasurer's Receipt No. 99016025 *dated* 07/25/97

Name of Account _____

45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

45202130001453000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations
(Agency) (Authorized Signature and Title)

CR2E060(6/95)