POWOQQQUETTER LED

96 SEP 19 PH 2:38

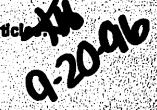
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

4	Anisation of the second	15i -0 *i	00001944006 9/11/9601011010 ****78.75 *****78.75
		Allx)	
al and one (1) c	copy of the articles o	of incorporatio	n end a check
Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Cop	e131.28 Filing Fee, Certified Cop & Certificate y Required	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CRTS	STOBAL LOPEZ		
951NTAMT	NW 35 AVE Address FLORIDA 33125		
	## Proposed corporate ## ## ## ## ## ## ## ## ## ## ## ## ##	A.C. GROUP TAUPEDNAUTONAL. Proposed corporate name - must include so all and one (1) copy of the articles of \$\begin{align*}	A.C. GROUP THEPRATIONAL. (Proposed corporate name - must include suffix) all and one (1) copy of the articles of incorporation \$78.75

NOTE: Please provide the original and one copy of the article

Daytime Telephone number





FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 12, 1998

CRISTOBAL LOPEZ 951 N.W. 95TH AVENUE MIAMI, FL 33125

SUBJECT: M.A.C. GROUP INTERNATIONAL Ref. Number: W98000019200

We have received your document for M.A.C. GROUP INTERNATIONAL and your check(s) totaling \$78.75. However, the enclosed document has not been filled and is being returned for the following correction(s):

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.

Please complete Article(s) IV.

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 filling of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 896A00042439

ARTICLES OF INCORPORATION

96 SEP 19 PM 2:38

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

ARTICLE I NAME

The name of the corporation shall be:

M.A.C. GROUP INTERNATIONAL INC.

ARTICLE II C PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

951 NW 35 AVE
MIANI, FLORIDA 33125

ARTICLE III SHARES

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

100 SHARES

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

CRISTOBAL LOPEZ 951 NW 35 AVE MIAMI, FLORIDA 33125

ARTICLE V INCORPORATOR(8)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(aru);

ARNALDO GARCIA 13171 SW 51 ST MIAMI, FLORIDA 33174

The undersigned	ncorporator(s) has(have) executed these Articles of Incorporation this
4 day of	September 19 96
(An additional art	cle must be added if an effective date is requested.)
	A. GALCA
	Signature
	// Signature
4. 500	Signature - Land Supplementary - Land Control of Contro

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 2 2 30 UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OF OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the co	orporation is:		C. GROUP	TNTERNA	PTONAL.	TNC	
							· .
2. The name and add	lress of the re	gistered agent	and office i	\$:			
_	CRISTO	BAL LOPEZ					
-		(1	VAME)				
-		35 AVENUE Box or Mail Dro	P Box NOTA	CCEPTABLE)		
-	MIAMI	FLORIDA	33125	USA			
		(CITY/	STATE/ZIP)	· .			
Having been named corporation at the pla	ace designate	d in this certif	icate. I here	by accent	the app	ointment	as revisiered
agent and agree to a relating to the proper obligations of my pos	and complete	: performance	r agree to c Of my dutie	omply wit s, and I a	h the pr m famili	ovisions o ar with a	f all statutes nd accept the
	de la) ra3			9	-4-90	4
	(SIGNAT	URE)			DATE)		