10/25/96 - 14:

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FLORIDA DIVISION OF CORPORATIONS
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(((H96000015060 2)))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-2939

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: RUA, INC.
AUDIT NUMBER.....H96000015060
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
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96 OCT 25 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/25/96

25

096A - 19570

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 25, 1996

FAS-T CORP AGENTS, INC.

MIAMI, FL

SUBJECT:
REF: H96000015060

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6878.

Terri Buckley
Corporate Specialist

FAX Aud. #: H96000015060
Letter Number: 996A00049438

H96000015060

ARTICLES OF INCORPORATION

of

RUA, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

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96 OCT 25 PM 12:12

ARTICLE I - CORPORATE NAME

The name of the corporation is:

RUA, INC

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) ($ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME GWENDOLYN P. ALTMAN
ADDRESS 301 GOLDEN ISLES DRIVE APT. 509
CITY HALLANDALE FLORIDA ZIP 33009

The principal office, if known, or the mailing adress of the corporation is:

NAME RUA INC
ADDRESS 444 BRICKELL AVE Suite 51-407
CITY MIAMI FLORIDA ZIP 33131

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have _____ (_____) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addreases of the initial director(s) of the corporation are as follows:

NAME GWENDOLYN P. ALTMAN
ADDRESS 301 GOLDEN ISLES DRIVE APT. 509
CITY HALLANDALE STATE FL ZIP 33009

NAME
ADDRESS
CITY STATE ZIP

NAME Prepared by: Gwendolyn P. Altman
ADDRESS 301 Golden Isles Dr., Apt. 509
CITY Hallandale, Fl 33009 STATE (305) 935-5316 ZIP

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ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	GWENDOLYN P. ALTMAN		
ADDRESS	301 GOLDEN ISLES DRIVE APT. 509		
CITY	HALLANDALE	STATE	ZIP 33009
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _____ day of _____, 19____.

Gwendolyn P. Altman (Seal)

_____ (Seal)

_____ (Seal)

STATE OF FLORIDA)

COUNTY OF _____) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ _____
Signature Form of Identification

_____ _____
Signature Form of Identification

_____ _____
Signature Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form__ of identification of the above named person__ as indicated opposite each name, and that an oath was not taken.

_____
NOTARY PUBLIC-STATE OF FLORIDA

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____ 19_____.

_____
Notary Signature

_____
Printed Notary Signature

10/25/96 14:53 NO.014 005

H96000015060

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

RUA, INC.

(name of corporation)

FILED
96 OCT 25 PM 12

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at Gwendolyn P. Altman 301 Golden Isles Drive Apt 509

Hallandale, Florida 33009

has named GWENDOLYN P. ALTMAN

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Gwendolyn P. Altman

(registered agent)