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FLORIDA DIVISION OF CORPORATIONS
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((H96000017088 1))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: OMANA, INC.

AUDIT NUMBER.....H96000017088

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JK 12/16/96

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CERTIFICATE OF INCORPORATION
OF
OMANA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be OMANA, INC., and its existence shall be perpetual.

2. The general nature of the business to be transacted shall be the wholesale of copiers and facsimile machines and to have all other powers provided by the laws of the State of Florida.

3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.

4. The amount of capital with which this corporation shall begin business in not less than FIVE HUNDRED DOLLARS.

5. The principal office of this corporation shall be 7232 N.W. 56th Street, Miami, Florida 33166.

6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

<u>NAME</u>	<u>OFFICER</u>	<u>POST OFFICE ADDRESS</u>
1. Cyrus Jiveh	President	7232 N.W. 56th Street Miami, Florida 33166
2. Cesar Altamirano	Vice-president	7232 N.W. 56th Street Miami, Florida 33166

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED

Prepared by: Daniel M. Keil
3165 West 4th Ave.
Hialeah, FL 33012
(305) 883-6600

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DOLLARS (\$500.00), are as follows:

NAME AND ADDRESS	NO. OF SHARES	CONSIDERATION
1. Cyrus Jiveh	50	\$250.00
2. Cesar Altamirano	50	\$250.00

8. DANIEL M. KEIL, ESQ., is hereby designated as the Registered Agent for the corporation and 3165 West 4th Avenue, Hialeah, Florida 33012.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Hialeah, Florida this 5th day of December, 1996, for the uses and purposes aforesaid.

Cyrus Jiveh
CYRUS JIVEH, President

Cesar Altamirano
CESAR ALTAMIRANO, Vice-president

STATE OF FLORIDA)
COUNTY OF DADE) SS.

BEFORE ME, the undersigned authority, personally appeared

1. CYRUS JIVEH

2. CESAR ALTAMIRANO

Describer(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Hialeah, Dade County, Florida this the 5th day of December, 1996.

[Signature]
Notary Public, State of FL.

My Commission Expires:
BRIDGET CAGADA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. 0048614
EXPIRATION DATE 12/31/97

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12/05/96

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CERTIFICATE OF DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the
following is submitted:

OMANA, INC.

desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business at the City of
Miami, State of Florida, has named DANIEL M. KEIL, Esq. located
at 3165 West 4th Avenue, Hialeah, Florida 33012, as its Agent to
accept service of process within Florida.


CORPORATE OFFICER

TITLE Pres

DATE 12-5-96

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.


RESIDENT AGENT

DATE 12-5-96

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