

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 97 MAR 17 PM 12:41
 TALLAHASSEE, FL 32301

MAR 17 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>APP</u>	_____	_____	_____

WALK-IN Will Pick Up 3/17 1200

RE: Amapali, Inc.

	C.C. FEE.	DISBURSED
Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Filing		
Corp. Record Search		
Ltd. Partnership Filing		
Foreign Corp. Filing		
<input checked="" type="checkbox"/> (1) Copy(s)		
Art. of Amend. Filing		
Dissolution/Withdrawal		
C U S-		
Fictitious Name Filing		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 Filing		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prop.		
FAX () pgs.		

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit Invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

FILED

97 MAR 17 PM 12:41

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

STATE
TALLAHASSEE, FLORIDA

Subject: Amrapali, Inc.
(Proposed Corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles
of incorporation and a check for : Filing Fee \$70.00.

From: Amrapali, Inc.
216 S. Main Street
LaBelle, Florida 33975

Mailing Address: 1214 Ortiz Avenue
Ft Myers, FL 33905

ARTICLES OF INCORPORATION
OF
AMRAPALI, INC.

FILED
97 MAR 17 PM 12:41
STATE
TALLAHASSEE, FLORIDA

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 Amrapali, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 216 S. Main Street
LaBelle, Florida 33975

ARTICLE III. SHARES

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

5,000 shares of Common Stock, at a par value of one (\$1.00) per share.

ARTICLE IV.
INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

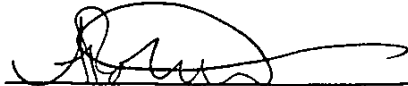
Mohan R. Rathod
1214 Crtiz Ave
Ft Myers, FL 33905

ARTICLE V. INCORPORATOR(S)

The name (s) and street address (s) of the incorporator(s) to Articles of Incorporation is (are):

Amrapali Rathod
216 S. Main Street
LaBelle, Florida 33975

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this 12th day of March 1997.


(Signature)

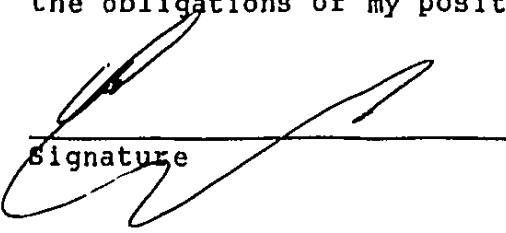
CERTIFICATE OF DESIGNATED OF REGISTERED AGENT/REGISTERED
OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida statues, 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: Amrapall, Inc.
2. The name and address of the registered agent and office is:

Mohan R. Rathod
1214 Ortiz Ave
Ft Myers FL 33905

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 statues 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


Date

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TALLAHASSEE, FLORIDA