

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 _____

Mailer No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

APR 16 1997
 10 30 AM
 171

K.R. APR 16 1997

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	4/16/97		
TIME	10:30		CK No. _____
BY	JNK		

WALK-IN
 Will Pick Up _____

RE: San Miguel Enterprises,
INC.

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

**ARTICLES OF INCORPORATION
OF
SAN MIGUEL ENTERPRISES, INC**

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:

SAN MIGUEL ENTERPRISES, INC

FILED
97 APR 16 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

**5650 NW 74 TH PLACE # 204
COCONUT CREEK FL 33073**

ARTICLE III CAPITAL STOCK

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

500 SHARES AT \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registration agent is :

**MANUEL CHACON
5650 NW 74 PLACE # 204
COCONUT CREEK FL 33073**

ARTICLE V INCORPORATOR(S)

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

MANUEL CHACON 5650 NW 74 PL # 204 COCONUT CREEK FL 33073

PEDRO CHACON 1201 SW 52 ND AVE # 2111 N. LAUDERDALE FL 33068

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this
15 day of April of 1997

MANUEL CHACON

PRESIDENT
MANUEL CHACON
Signature

PEDRO CHACON

VICE-PRESIDENT
PEDRO CHACON

Signature

SECRETARY
Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT,
IN THE STATE OF FLORIDA.**

1. The name of the corporation is:

SAN MIGUEL ENTERPRISES, INC

2. The name and address of the registered agent and office is:

MANUEL CHACON

5650 NW 74 PL #204 COCONUT CREEK FL 33073

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 provisions of all statutes 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.

MANUEL CHACON
Signature

APRIL 15, 1997
Date

FILED
97 APR 16 PM 3:01
SOUTHERN FLORIDA
REGISTERED AGENT