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

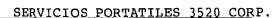
SUBJECT:	SERVICIOS PORTATILES 3520 CORE	·
	(proposed corporate name)	
Enclosed pleas above corporat	e find an original and one (1) copy of the a ion and check in the amount of \$70.00	articles of incorporation for the
FROM:	HENRY MENESES Name 4596 NW 97 PL	FILE 97 APR 21 SECRETARITE TALLAHASSEE
	MIAMI FL 33178	M 9: 56
	City, State, & Zip (305) 436-9301 Telephone Number	受売 5 4000021487042 -04/21/9701047005 ******70.00 ******70.00
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Note: Additional copy of articles is needed only when certified copy is requested.

APR 2'2 1997

ARTICLES OF INCORPORATION

<u>OF</u>



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:

SERVICIOS PORTATILES 3520 CORP.

ARTICLE II PRINCIPAL OFFICE

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

45,96 NW 97 PL MIAMI FL 33178

ARTICLE III CAPITAL STOCK

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

1000 SHARES, \$ 1.00 PAR VALUE EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

HENRY MENESES

4596 NW 97 PL

MIAMI FL 33178

ARTICLE V INCORPORATOR(S)

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

1) HENRY MENESES

4596 NW 97 PL

MIAMI FL 33178

18	day of _	APRIL	, 19 <u>97</u> .
		80 10	PRESIDEN'
	_		Signature/Title
		,	Signature/Title
			Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, 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.

The name and address of	of the registered agent and office is:	_
	NRY MENESES	ZE S
ne.	(NAME)	ER S
	•	AST 2
4596	NW 97 PL BOX NOT ACCEPTABLE)	
(P.U	BOX NOT ACCEL TABLE)	TO T
MAIM	I FL 33178	LONG W
-	(CITY/STATE/ZIP)	OF OF
	•	
		_
	SIGNATURE	
	(corporat	e officer)
	TITLE PRESIDENT	
	DATE 04-18-97	

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 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.

SIGNATURE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
DATE 04-18-97	