CONTACT:	DIAD
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UCC ILING & SEARCH SERVICES, INC. (Requestor's Name)	
526 EAST PARK AVENUE	
(Address)	
TALLAHASSEE FL 32301 (904) 681-6528	
(City, State, Zip) (Phone #)	FFICE USE ONLY
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known	n):
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(Corporation Name)	(Document #)
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ARTICLES OF INCORPORATION

OF

DRAGONS ON THE BEACH, INC.

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

DRAGONS ON THE BEACH, INC.

ARTICLE II

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

600 Lincoln Road Miami Beach, Florida 33139

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200

ARTICLE IV - REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Robert Jason 600 Lincoln Road, Miami Beach, Florida 33139

ARTICLE V - INCORPORATOR(S)

The name and street address of incorporator to these Articles of Incorporation is:

Robert Jason 600 Lincoln Road, Miami Beach, Florida 33139

The undersigned has executed these Articles of Incorporation this 26th day of April, 1997.

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.

1. The name of the corporation is:

DRAGONS ON THE BEACH, INC.

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

ROBERT JASON 600 LINCOLN ROAD MIAMI BEACH, FLORIDA 33139

Signature (corporate officer)

Date 4 26 92

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 4

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