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5/08/97

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

9:16 AM

(((H97000007594 9)))

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: INTERACCION LATINA, INC.

AUDIT NUMBER..... H97000007594

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

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

DEL.METHOD. FAX

EST. CHARGE. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX

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

** ENTER 'M' FOR MENU. **

TRANSLATION: LATIN INTERACTION

97 NAY -8 MILL!

H97000007594

ARTICLES OF INCORPORATION

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: Interaccion Latina, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1921 S.W. 94 Avenue Miami, FL 33165

ARTICLE III SHARES

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

1000 Shares with a par value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Carlos Rodriguez 1921 S.W. 94 Avenue Miami, FL 33165

Prepared by: Virginia Gorrin

2895 S.W. 69th Ct. # B Miami, FL 33155 (305) 553-3346

H97000007594

ARTICLE V INCORPORATOR(S)

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

Carlos Rodriguez 1921 S.W. 94 Avenue Miami, FL 33165

ARTICLE VI DIRECTOR(S)

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

Carlos Rodriguez 1921 S.W. 94 Avenue Miami, FL 33165

President, Vice-President Treasure/Secretary

The undersigned incorporator(s) has(have) executed these Articles of _____ day of <u>klay</u> , 19 9 7.

> Signature Signature

Notary Public, State of Florida My Comm. expires Sept 20, 1397 No. CC320936

Articles of incorporation Filing Fee - \$35

Sword before He on this I day, 1997 Provided DHIVERS LICENSE. OF

DADE County, Mismi,

Elanda.

H97000007594

CERTIFICATE OF DESIGNATION H97000007594 REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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:	ccion Latin	inc.	_
2.	The name and address of the registered agent and office is:			
Carlos Rodriguez (NAME)				
1921 S.W. 94 AVERUS. (P.O. BOX NOT ACCEPTABLE)				
	Miami, FL 33165 (CITY/STATE/ZIP)			_
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	Parlos F	Slargery,	,
	DATE	5-7-97	<i>y v</i>	
	REGISTERED AGENT FILING	FEE: \$3 5.00	97 NAY -8 AM II:	