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DIVISION OF CORPORATIONS):

FAX #: (904)922-4001

ROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT

FAX #: (305)541-3770

PHONE: (305)541-3694

AME: CASMAN CORPORATION

AUDIT NUMBER...... H97000007864

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

CERT. OF STATUS...0

PAGES..... 5

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H97000007864 ARTICLES OF INCORPORATION

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OF

TALL ASIASSLE FLORIDA

CASMAN CORPORATION

We the undersigned incorporate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities - and liabilities of incorporation for profit and subject to the following provisions.

ARTICLE :

The name of the corporation shall be: CASMAN CORPORATION

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

ARTICLE IV

The agregate maximum number of shares which this corporation shall have authority to issue and have outstanding at anyone time is: Five Hundred (500) Shares.

ARTICLE V

This corporation shall begin business with no less than -- Five Hundred Dollars (\$500.00)

ARTICLE VI

The post office address of the principal office of this -- corporation shall be: 942 S.W. 9 Street, Miami, Fla. 33130.

PREPARED BY:
JIMENEZ AND ABSOC. PA, acct.
454 NW 22 M AVE 572 JOG
MINNII FIR 33125 PA 541-4714

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ARTICLE XII

Amendments to the Articles of Incorporation, merger, consolidations or dissolution shall be approved and submitted to the stockholders for approval 100% of all votes will be necessary and thirty days notice shall be provided.

ARTICLE XIII

This corporation shall have full power to carry on and transact each or all business enumerated in Article III of this -- Articles of Incorporation. Shall have all the general and -- additional powers now conferred upon it by the laws and the by-laws.

IN WITNESS THEREOF, we the undersigned, have made subscribed and acknowledged these Articles of Incorporation, on this — 9th Day of May. 1997.

und M. Castellanos-Incorporator

STATE OF FLORIDA

COUNTY OF DADE

German Mandilego-Incorporator

Before me the undersigned authority duly authorized to administer oath and take acknowledgement, personally appeared --JUAN M. CASTELLANOS AND GERMAN MANDILEGO -----

IN WITNESS THEREOF I have hereunto set my hand and official - seal at Miami, said County and State, this 9th Day of May 1997.

large.

TCC state: of Florida at

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OFFICIAL NOTARY SEAL POSS CIMENTEZ CONGLESTION NO. CC41740 MY CONTINUEDON BUT OCT. 20,1996

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ARTICLE VII

The name and address of the initial Registered Office of -- this corporation in the State of Florida is:

Juan M. Castellanos 942 S.W. 9 Street Miami, Florida 33130

ARTICLE VIII

The business of the corporation shall be managed by a Board of Directors. The number of Directors, no less than one, no more than five and shall be fixed by resolution of the --- stockholders at regular or special meetings, subject to the manner of holding such meetings prescribed by the by-laws.

ARTICLE IX

The name and post office address of the members of the Board of Directors who shall serve as members thereof, are as ---- follows:

NAME	OFFICE	ADDRESS
Juan M. Castellanos	President	942 S.W. 9 Street Miami, Fla. 33130 942 S.W. 9 Street Miami, Fla. 33130
German Mandilego	Secretary	

ARTICLE X

Distribution to incorporators is as follows:

Juan M. Castellanos	250 Shares	\$250.00 Value
German Mandilego	250 Shares	\$250.00 Value

ARTICLE XI

Each stockholder before offering to sell or otherwise dispose of the stock of this corporation, owned by him first offer such stock to the remaining stockholders of this corporation and obtaining their refusal to purchase same, proceed to sell at the fair market value thereof.

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SERVICA + TATE TALLEMENT OF SERVICE ORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT=REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

The name of the Corporation is CASMAN CORPORATION

The name and address of the Registered Agent and office is Juan M. Castellanos, 942 S.W. 9 Street, Miami, Fla. 33130.

Conserate Officer

Title: President

Dated: May 9, 1997.

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and further agree, to comply with the provisions of all statues relative to the proper and complete performance of my duties; and —— accept the duties and obligations of section 607.325, Florida Statutes.

Juan M. Castellanos, Registered

Agent accepting office.

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