P970000,45041

TRANSMITTAL LETTER

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

SECRETARY OF STATE

SUBJECT: The Placement Network, INC.
(Proposed corporate name - must include suffix)

800002182968--6 -05/19/97--01096--018 *****78.75 ******78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75 Filing Fee & Certificate

\$122.50

Filing Fee & Certified Copy \$131.25

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM

JAN ROELOFS

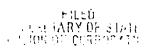
Name (Printed or typed)

8125 SW 98 Terr.

Miami Fl. 33156
City. State & Zip

305 - 274 - 3738

Daytime Telephone number



ARTICLES OF INCORPORATION

Signature/Registered Agent

97 HAY 19 AM 10:50

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

The name of the corporation shall be: The Placement Network, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 345 PALM Ave, HiALEAH, FI.
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: VAN ROELOFS 8/25 S.W. 98 & Terr. Miami, 4. 33156 ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are: JAN ROELOFS 8125 SW 98 TETT. Miami, Fl. 33156
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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

The local state of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.