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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255
FAX #: (305)541-3770

NAME: GARYCOB CORPORATION
AUDIT NUMBER.....H9700009244
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 5
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ARTICLES OF INCORPORATION
OF
GARYCOB 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 I

The name of the corporation shall be:
GARYCOB CORPORATION

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

This corporation is organized with the purpose to engage in the transaction of import-export, wholesaler, retailer distributors of general merchandise and equipment, and all other lawful activities of business permitted under the laws of the State of Florida and of the United States of America.

ARTICLE IV

The aggregate maximum number of shares which this corporation shall have authority to issue and have outstanding at anyone time is: One Hundred Shares at One Dollar Value.

ARTICLE V

This corporation shall begin business with no less than -- One Hundred Dollars (\$100.00)

ARTICLE VI

The post office address of the principal office of this -- corporation shall be: 470 West Park Drive No. 201, Miami Florida 33172.

Prepared By:
Jimenez & Associates, P.A.
454 N.W. 22nd Avenue Ste 209
Miami, Florida 33125
Tel. 541-4714

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ARTICLE VII

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

MARIA E. COBO
470 W. Park Dr. No. 201
Miami, Fla. 33172

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
ANTONIO S. GARCIA	President	470 W. Park Drive No. 201 Miami, Florida 33172
MARIA E. COBO	Secretary	470 W. Park Drive No. 201 Miami, Florida 33172

ARTICLE X

Distribution to incorporators is as follows:

ANTONIO S. GARCIA	50 Shares	\$ 50.00 Value
MARIA E. COBO	50 Shares	\$ 50.00 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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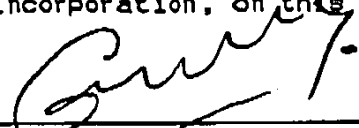
ARTICLE XII

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 ---



Antonio S. Garcia-Incorporator



Maria E. Cobo-Incorporator

STATE OF FLORIDA)
)
COUNTY OF DADE)

Before me the undersigned authority duly authorized to administer oath and take acknowledgement, personally appeared --- ANTONIO S. GARCIA AND MARIA E. COBO -----

who after first being duly sworn, executed the foregoing ---- ARTICLES OF INCORPORATION, freely and voluntarily for the --- purpose therein expressed.

IN WITNESS THEREOF I have hereunto set my hand and official - seal at Miami, said County and State, this 4th Day of June 1997.

NOTARY PUBLIC, State of Florida at large.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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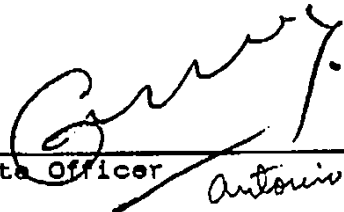
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CERTIFICATE OF DESIGNATION
REGISTERED AGENT=REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 of the Corporation is GARYCOB CORPORATION

The name and address of the Registered Agent and office is
Maria E. Cobo, 470 West Park Drive No. 201, Miami, Florida
33172.




Corporate Officer

Title: President

Dated: June 4, 1997

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



Maria E. Cobo, Registered Agent,
accepting office.

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