

(SAMPLE LETTER OF TRANSMITTAL)

P97000054835

Date

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

Re: A COLLECTOR'S DREAM, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

200002218102--6
-06/20/97--01037--006
*****70.00 *****70.00

Olga Rodriguez
(individual's name)

A COLLECTOR'S DREAM, INC
(name of corporation)

MAILING ADDRESS OF CORPORATION		
10539 NW 35 AVE		
MIAMI FLORIDA		
33147	PHONE	
(305)	696-1334	
Area Code	Number	Ext.

Done
6/20/97

ARTICLES OF INCORPORATION

A COLLECTOR'S DREAM, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

A COLLECTOR'S DREAM, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares (500) of ONE DOLLAR Dollar(s) (\$ \$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>LILIA RODRIGUEZ</u>		
ADDRESS	<u>3561 NW 106 ST</u>		
CITY	<u>MIAMI</u>	FLORIDA <u>FL</u>	ZIP <u>33147</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>OLGA RODRIGUEZ</u>		
ADDRESS	<u>10539 NW 35 Ave</u>		
CITY	<u>MIAMI</u>	FLORIDA <u>FLORIDA</u>	ZIP <u>33147</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>OLGA RODRIGUEZ</u>		
ADDRESS	<u>10539 NW 35 Ave</u>		
CITY	<u>MIAMI</u>	STATE <u>FL</u>	ZIP <u>33147</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	OLGA RODRIGUEZ		
ADDRESS	10539 NW 35 AVE		
CITY	MIAMI	STATE	FL ZIP 33147
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17 day of JUNE, 1997.

Olga Rodriguez (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

A COLLECTOR'S DREAM, INC

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 35201 NW 106 ST

MIAMI FLORIDA 33147

has named LILIA RODRIGUEZ

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Lilia Rodriguez
(registered agent)

FILED
97 JUN 20 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEMINOLE COUNTY MIAMI 012593