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

SUBJECT:

TRESMED CORP.

(Proposed corporate name - must include suffix)

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

\$131.25

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Eduardo A. Azoy

Name (Printed or typed)

3411 SW 18 ST

Address

Fort Lauderdale, F1 33312

City, State & Zip

(954)581-9080

Daytime Telephone number

JUN 24 1997 AL.

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

97 JUN 23 PH 3: 09

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

SECIAL LA LA LIATE TALLAHASSEEL FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

TRESMED CORP.

ARTICLE II PRINCIPAL OFFICE

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

3411 SW 18 ST

Fort Lauderdale, F1 33312

ARTICLE III SHARES

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

ONE THOUSAND SHARES OF STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Eduardo A. Azoy 3411 SW 18 ST

Fort Lauderdale, F1 33312

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Enrique Azoy 3411 SW 18 ST Fort Lauderdale,F1 33312

Signature/Incorporator

6/6/97

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

Signature/Registered Agent

6/6/97

Date