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7/10/97

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX 4: (850) 922-4001

FROM: FAS-T CORP. ASENTE. INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ PHONE: (305) 59 9 -- 339

FAX #: (305)716-0346

NAME: GABLES MORTGAGE GROUP OF HIAMI, INC.

AUDIT NUMBER. . . . _ . H97000011313

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

CERT. OF STATUS _ . 1

PAGES..... 3

CERT. COPIES.....

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AUDIT NUMBER DN THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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ARTICLES OF INCORPORATION

OF

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Gables Mortgage Group of Miami, Inc.

The principal place of business of this corporation shall be at: 4800 West Flagler Street Suite 214 Miami, FL 33134

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500 Shares of \$2.00 Per Value Stock

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLES V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Lillian Vera President 4800 Wast Flagter Street Suite 214 Miami, FL 33134

Prepared By: Lillian Vera 4800 W. Flagler St. Ste. 214 Miami, Flu 33134 (305)444-4864 7 JUL 10 PH 3: 48

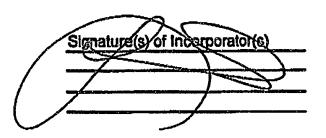
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ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

Lillian Vera 4800 West Flagler Street Suite 214 Miami, FL 33134

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this ______ day of _____, 19 ______, 19 ______.



H97000011313

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.

1.	The name of the corporation: Gables Mortgage Group of Miami, Inc.
2.	The name and address of the registered agent and officer is:
_	(P. O. BOX NOT ACCEPTABLE)
	4800 West Flagler Street Suite 214 Miami, FL 33134
	(CITY/STATE/ZIP)
	SIGNATURE
	TTLE President
	DATE 07-09-97

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 I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE 07-09-97