P 970000 87937 TRANSMITTAL LETTER

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

for:

OCT 10 AH 10: 29

LLAHASSEE, FLORIDA

SUBJECT: THE JIAS CORPORATION

s at original and one (1) copy of the articles of incorporation and a check							
\$70.00	\$78.75	¥122.50	\$131.25	3			
		r	-10. **	023 171780 /10/97-01041014 **122.50 ****122.50			
FROM:	Name	(printed or typed)					
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		621-5 Telephone number	308				
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F. CHARLES ULT 1 3 1997

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

ARTICLES OF INCORPORATION THE JIAS CORPORATION The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation. ARTICLE! NAME The name of the corporation shall be: THE JIAS CORPORATION ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 6195 NW 186ThST Suite 404 HIALEAH FLORIDA SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: OF COMMON STOCK HAVING A PAR VALUE OF ONE DOLLAR (\$1.00) EACH

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MR. BRYAN VIDAL
6195 NW 186Th ST
Suite 404
HiALEAH FLORIDA 33015

ARTICLE V INCORPORATOR(S)

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

O BRYAN VIDAL
6195 NW 186th ST
SwifE 404
HiALEAH FLORIDA 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

SWENTH day of OCTOBER, 1997.

Signature
Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

1. The	name of the corporation is:	THE JIAS	Corpor	MiON
			TALLAH	9 0CT
2. The	name and address of the re	egistered agent and office	ARY UF STASSEE, FLO	ILED LED
	6195 N	(Name) (Name)	- Suite 4	29
	HIALEAH	O. Box not acceptable) FLORINA (City/State/Zip)	330/5	,

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.

 B_{-} (Signature) 10/7/97