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ACCOUNTING SYSTEMS & TAXES INC.

2603 DAVIE BOULEVARD
FORT LAUDERDALE, FLORIDA 33312
(305) 792-8317

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
November 4, 1997

FLORIDA DEPARTMENT OF STATE
CORPORATE RECORDS
P.O. BOX 6327
Tallahassee, FL 32314

RE: ARTICLES OF INCORPORATION

of: S.P.I. INVESTIGATION, INC.

Dear Sir:

Enclosed please find Articles of Incorporation of the subject corporation

and our check No. 2903 for the amount of \$ 122.50 as follows:

Charter Tax	thous. @ \$4.00	\$	
Filing Fees			35.00
Registered Agent Fees			35.00
Certification copy			52.50
Total Check			\$ 122.50

Please forward copies to:

ACCOUNTING SYSTEMS & TAXES, INC.
P.O. BOX 451747
SUNRISE, FL 33345-1747

Thank you,

Carmen Betancourt
Accounting Systems & Taxes, Inc.

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-11/07/97-01088-009
****122.50 ****122.50

P. Hall

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ARTICLES OF INCORPORATION

OF

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S.P.I. INVESTIGATION, INC.

The subscriber officer(s) do hereby certify that (we) I have formulated the following corporation for profit under the laws of the State of Florida and that (we) I have become such corporation under and pursuant to the following Articles of Incorporation:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the corporation is: S.P.I. INVESTIGATION, INC.

ARTICLE II: NATURE OF BUSINESS

This corporation may engage in any activity or business permitted under the laws of the United States of America and the laws of the State of Florida.

ARTICLE III: CAPITAL STOCK

The original capital stock of this corporation shall be 100,000 shares common stock par value \$1.00 each, total \$100,000.00 all of which shall be fully paid in cash, property, labor or services at a just valuation to be fixed by the stockholder(s).

The amount of capital with which this corporation shall begin business shall be not less than \$1,000.00.-

ARTICLE IV: TERM OF EXISTENCE

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE V: ADDRESS

The registered office address is located at: 15840 West Wind Circle
Sunrise, FL 33326

This is the same address of the Principal Office.

ARTICLE VI: DIRECTOR(S)

The corporation has One (1) director(s). The name(s) and post office address of the first director(s) shall be: Luis Reveiz
15840 West Wind Circle
Sunrise, FL 33326

This is the same address of the Registered Agent.

ARTICLE VII: CORPORATION
MANAGEMENT BY STOCKHOLDERS

The business of the corporation shall be managed by the stockholders of the corporation rather than by a Board of Directors.
This Certificate of Incorporation may be amended in any manners consistent with the laws of the State of Florida.

The Name and Address of the Incorporators are:

Luis Reveiz
15840 West Wind Circle
Sunrise, FL 33326


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ARTICLE VIII: OFFICERS AND STOCKHOLDER(S)

The officers of this corporation shall be **PRESIDENT** and **SECRETARY** and such officers and agents as may be deemed necessary. All officers, agents and factors as may be deemed necessary shall be chosen in such manner, hold their offices for such terms and have such powers and duties as may be prescribed by the **By-Laws** or determined by the stockholder(s).
Any person may hold two or more offices.

The name(s) and post office address of the first President and Secretary of this corporation, who shall hold office for the first year, or until their successors are chosen and qualified, shall be:

PRESIDENT

Signature: _____

LUIS REVEIZ
15840 West Wind Circle
Sunrise, FL 33326

SECRETARY

Signature: _____

LUIS REVEIZ
15840 West Wind Circle
Sunrise, FL 33326

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OR PROCESS WITH FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED.

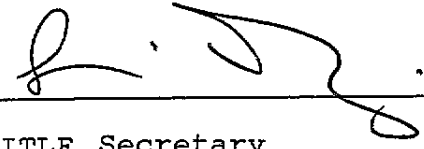
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

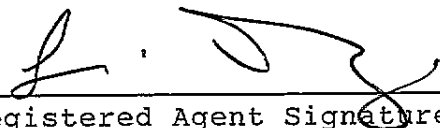
In compliance with Section 48.091, Florida Statutes, the
following is submitted:

FIRST: THAT S.P.I. INVESTIGATION, INC.
DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE
OF FLORIDA. WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY
OF Sunrise

STATE OF FLORIDA, HAS NAMED Luis Reveiz
LOCATED AT 15840 West Wind Circle
CITY OF Sunrise STATE OF FLORIDA, AT ITS
AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.


TITLE Secretary
DATE 11/04/97

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCEEDS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICA-
TE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE
TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.


Registered Agent Signature
DATE: 11/04/97