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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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FO: DIVISION OF CORPORATIONS

FAX #: (850)922-400i

FROM: FAS-T CORP. AGENTS, INC. CONTACT: LIDIA FERNANDEZ

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VAME: MEDPLAN BENEFITS, CORP.

AUDIT NUMBER..... H98000000371

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

CERT. OF STATUS...1

PAGES..... 3

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** ENTER 'M' FOR MENU. **

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

MedPian BENEFITS, CORP.

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: MedPlan BENEFITS, CORP.

The principal place of business of this corporation shall be: 85 GRAND CANAL DR. #405 MIAMI, FL. 33144

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: SEVEN THOUSAND FIVE HUNDRED (7500) SHARES OF COMMON STOCK @ \$1.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE 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):

RAUL TANO PRESIDENT-SECRETARY 9735 N.W. 52nd STREET APT. 123 MIAMI FLORIDA 33178

PREPARED BY: PEDRO ERIOGYEN 2740 N.W. 27th AVE. MIAMI FL. 33142 (305)633-6007

ARTICLE VI INCORPORATORISI

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

RAUL TANO 9735 N.W. 52nd STREET APT. 123 MIAMI, FL. 33178

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this day of James, 1998

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607,325. 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:

MedPlan BENEFITS,	CORP.
2. The name and address of the registered RAUL TANO 9735 N.W. 52nd STREET APT. 123	agent and office is:
(P.O. BOX NOT ACCEPTANT), MIAMI; FL. 33178	BLEJ AN -7
(CITY/STATE/ZIP) SIGNATURE	OF STATE Pains
TITLE PRESTI	

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 STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE X Rail Pano
DATE 01-07-98