

LABRUS CORPORATE INDUSTRIES, INC.

Requestor's Name

3720 S.W. 7th AVENUE

Address

MIAMI, FLORIDA 33165 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. DSI MANAGEMENT CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 500002399525--6
(Corporation Name) (Document #) -01/14/98--01041--014
****122.50 ****122.50

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time 2.00
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of State

FILED RECEIVED
 98 JAN 14 PM 4:11
 98 JAN 14 AM 11:22
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

[Handwritten Signature]
1/14

Examiner's Initials

ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be:

DSI Management Corp.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II PRINCIPAL OFFICE

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

*7500 S.W. 8th Street
Suite 201
Miami, FL 33125*

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Dinaqueila Limonte
1240 NW 32 Place
Miami, FL 33125*

ARTICLE V INCORPORATOR(S)

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

Isabel Pacheco 9715 N.W. 127 St., Hialeah Gardens, FL 33018
Sandra Figueredo 1291 N.W. 22 Ave., Miami, FL 33125
Divaqueila Limonte 1240 N.W. 32 Pl., Miami, FL 33125

ARTICLE VI DIRECTOR(S)

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

(P) Isabel Pacheco 9715 N.W. 127 St., Hialeah Gardens, FL 33018
(VP) Sandra Figueredo 1291 N.W. 22 Ave., Miami, FL 33125
(T/S) Divaqueila Limonte 1240 N.W. 32 Pl., Miami, FL 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 13th day of JANUARY, 19 98.

Isabel Pacheco
Signature
Sandra Figueredo
Signature
Divaqueila Limonte
Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: DST Management Corp.

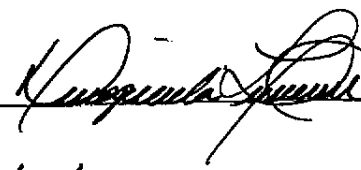
2. The name and address of the registered agent and office is:

Dinaqueila Limonte
(NAME)

1240 N.W. 32 Place
(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33125
(CITY/STATE/ZIP)

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 

DATE 01/13/98

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT FILING FEE: \$35.00