

Sima Accounting Services, Inc.

Phone (305) 265-4648 Fax: (305) 265-4524



P98000007941

7221 Coral Way, Suite 212
Miami, FL 33155

January 20, 1998

Department of State
Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314

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-01/23/98--01025--010
*****78.75 *****78.75

Ref: TRILOBITE, INC.

Dear Sirs:

Enclosed are an original and a copy of the Articles of Incorporation of the above referenced corporation for filing by the Dept. of State. Also enclosed is a check for \$ 78.75 as payment for the following:

Filing Fees & Certificate \$ 78.75

Please return a certified copy of the Articles of Incorporation to me as soon as soon as they have been filed.

Thank you for your assistance.

Sincerely,

Silvia M. Garcia
President - Sima Accounting Services, Inc.

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DIVISION OF CORPORATIONS
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RP
01-26-98

ARTICLES OF INCORPORATION
OF
TRILOBITE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 23 PM 3:53

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

TRILOBITE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE IV

The street address of the initial principal office and the name of the Resident Agent of this Corporation shall be:

PAUL X. BRIZ
1519 SARRIA AVENUE
CORAL GABLES, FL. 33146

ARTICLE V

The initial Board of Directors shall consist of a total of THREE(3) person, and the name and address of the person who is to serve as initial director is:

PRES. PAUL X. BRIZ	VICE-PRES. EMMANUELE BRIZ
1519 SARRIA AVE.	3141 N.W. 3RD STREET
CORAL GABLES, FL.33146	MIAMI, FL. 33126

SECRETARY CARLOS INCERA
5490 S.W. 58 AVENUE
MIAMI, FL. 33155

The name and address of the incorporator executing these Articles of Incorporation is:

PAUL X. BRIZ
1519 SARRIA AVENUE
CORAL GABLES, FL. 33146

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles
of Incorporation this 20th day of JANUARY, 1998.

Paul X. Bj _____

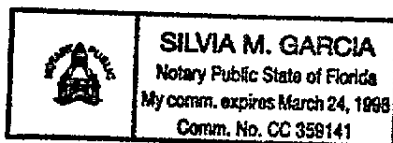
STATE OF FLORIDA }
 } SS.
COUNTY OF DADE }

BEFORE ME, a notary public authorized to take acknowledgements in the state of
county set forth above, personally appeared _____ known to me and
known by me to be the person(s) who executed the foregoing Articles of Incorporation,
and he (they) acknowledge before me that he(they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in
the state and county aforesaid, this 20th day of JANUARY, 1998.

Silvia M. Garcia
NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections of 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: TRILOBITE, INC.

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

PAUL X. BRIZ

(Name)

1519 SARRIA AVENUE, CORAL GABLES, FL. 33146

(Address/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

Paul X. Briz

DATE

1/20/98

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