2/23/98

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

1:13 PM

(((H98000003587 6)))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: CREDIT SOLUTIONS, INC.

ACCT#: 110451000522

CONTACT: JUAN GLEN PHONE: (305)827-9080

FAX #: (305)827-3778

NAME: TROPICAL BUBBLES DESIGNS, INC.

AUDIT NUMBER..... H98000003587

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

CERT. OF STATUS..0

CERT. COPIES.....0

EST.CHARGE. \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE

FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND <CR>:

mag, doing

**B. McKnigh. FEB** 2 5 1998

# H98000003587

#### ARTICLES OF INCORPORATION

#### ARTICLE 1-NAME

# The name of the Corporation is TROPICAL BUBBLES DESIGNS, INC.

#### ARTICLE 2-PURPOSE OF CORPORATION

The Corporation shall engage in any activity of business permitted under the laws of the United States and of the State of Florida.

#### ARTICLE 3-PRINCIPAL OFFICE

The address of the principal office of this Corporation is:

13500 N KENDALL DR. SUTTE 260 MIAMI, FL 33186,

day of \(\)

#### ARTICLE 4-INCORPORATOR

The name and street address of the incorporator of this Corporation is:

ANGEL DAVID GONZALEZ 8593 SW 156 PL. MIAMI, FL 33193

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

Prepared by

Credit Solutions Inc.

1790 W 49 St

suite 400-2

Hialeah FL 33012

(305) 826 8085

8779080

98 FEB 25 PM 2:27
SECRETARY OF STATE
ALL ABASSES FLORIN

H98000003587

### ARTICLE 5- OFFICERS

The officers of the Corporation shall be:

President:

ANGEL DAVID GONZALEZ

8593 SW 156 PL.

MIAMI, FL 33193

Secretary:

GUILLERMO L DONADIO

1080 SW 144 PL MIAMI, FL 33186

### ARTICLE 6-DIRECTOR(S)

The Director(s) of the Corporation shall be:

ANGEL DAVID GONZALEZ GUILLERMO L DONADIO

### ARTICLE 7-SHARES

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

100 SHARS AT 1.00 PAR VALUE

## ARTICLE 8-REGISTERED OWNERS

The Corporation, to the extent permitted by law, shall be entitled to treat the person in whose name any share or right is registered on the books if the Corporation as the owner thereto, for all purposes, and except as may be agreed in writing by the Corporation, the Corporation shall not be bound to recognize any equitable or other claim to, or interest in, such share or right on the part of any other person, whether or not the Corporation shall have notice thereof.

### ARTICLE 9-EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

78eECCCCC6PPH

78880000358PH

#### ARTICLE 10-AMENDMENT

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, or in any amendment hereto, or to add any provision to these Articles of Incorporation or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of Florida, and all rights conferred upon shareholders in these Articles of Incorporation or any amendment hereto are granted subject to this reservation.

# 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:

TROPICAL BUBBLES DESIGNS, INC.

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

GUILLERMO L. DONADIO 10880 SW 144 PL MIAMI, FL 33186

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	Amenda and the second s	 Jana
DATE	7-18-98	 

HA8000000 3587

98 FEB 25 PM 2: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA