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2/25/98

FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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(((H98000003803 7)))

DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716~0346

PHONE: (305)599-0639

NAME: MAXIKAMAR CORP.

AUDIT NUMBER..... H98000003803

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P. 9-

PAGES...

CERT. OF STATUS..1 CERT. COPIES.....0

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

** ENTER 'M' FOR MENU. **

H98000003803

ARTICLES OF INCORPORATION OF

MAXIKAMAR 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: MAXIKAMAR CORP.

The principal place of business of this corporation shall be: 6301 SW 39 ST. MIAMI,FL 33155

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

100 SHARES AT \$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):

MANUEL TAMARGO 6301 SW 39 ST. MIAMI,FL 33155 KENIA TAMARGO 6301 SW 39 ST. MIAMI,FL 33155

Prepared By: MANUEL TAMARGO 6301 SW 39 ST. MIAMI,FL 33155 (305)665-6723



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ARTICLE VI INCORPORATOR(S)

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

MANUEL TAMARGO 6301 SW 39 ST. MIAMI, FL 33155

Signature(s) of Incorporator(s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

SECRET OF PARTY OF

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:

MAXIKAMAR CORP.
2. The name and address of the registered agent and office is:
MANUEL TAMARGO 6301 SW 39 ST.
(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL 33155
(CITY/STATE/ZIP)
SIGNATURE
TITLE
2/25/98 DATE————————————————————————————————————
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE

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 MULLIS SURVEYOR

DATE

2/25/98