OFFICE CORPORATE FILING SERVICE, (Requestor's Name) 3320 S.W. 87th AVENUE (Address)

MIAMI, FLORIDA (305)552-5973 (City, State, Zip)

LOCAL REPRÉSENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(s)	&	DOCUMI	ENT N	ÜÑ	ÍBER(S)	(if known):
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1.	SOUTH AME.	RICANSE	ERVICES,	INC.
2.	(Corporation Name)		(Document #)	
3. 4.	(Corporation Name)		(Document #)	98 APF
••	(Corporation Name) Walk in Pick up time	2.0	(Document #) Certified Copy	TARY OF
	Mail out Will wait	Photocopy	Certificate of Status	4: 32 STATE LORIDA

	1,000 (S) 1868 (S)	NEW FILINGS
L	X	Profit
		NonProfit
	,	Limited Liability
		Domestication
		Other

OTHER FILNGS
Annual Report
Fictitious Name
Name Reservation

K. Rolfe TR 1 5 1998

AMENDMENTS
 Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
 Merger

7:00 4:00 4:00 4:00 4:00 4:00 4:00 4:00	REGISTRATION/ QUALIFICATION
	Föreign
	Limited Partnership
	Reinstatement
	Trädemark
	Other .

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 10, 1998

LAZARUS

MIAMI, FL

SUBJECT: SOUTH AMERICAN SERVICES, INC.

Ref. Number: W98000008104

We have received your document for SOUTH AMERICAN SERVICES, INC., However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding for Florida or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Letter Number: 298A00019156

Loria Poole Corporate Specialist

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:

GOTA SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

7360 W. 20 AVE. BAY 130 HIALEAH, FLA. 33016

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS FERNANDEZ 661 N.E. 125 ST. NONTH MIAMI- FLA. 33161

ARTICLE V INCORPORATOR(S)

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

ORLANDO J. TAVIO (P)
14084 N.W. 88 TH CT.
MIANI LAKES, FLA. 33018

Articles of Incorporation

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 nam	ne of the corporation is:		GOTA	GERVICES	INC.
2. The name	ne and address of the re	egistered agent ar	nd office is:		
	CARLOS FE			SECRE	98 APR
		(Name) /25 57,		ARY	= Ë
		D. Box <u>not</u> accepta		OF STATE, FLORIE	
		(City/State/Zip)			N

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) 4-6-98