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	Requestor's Name Llessir Mendola 12040 SW 10th Ter Miami, FL 33184-2430;							
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ARTICLES OF INCORPORATION OF

FILED SECRETARY OF STATE

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:

Antillas Travel + Service, Inc

ARTICLE II PRINCIPAL OFFICE

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

12040 SW 10 terr. Soniam; Fl. 33184.

ARTICLE III CAPITAL STOCK

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

500.3hares of \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Llessir=Menobra 12040 SW 10 terr. Miāmi, Fl. 33184.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora-

tion is(are):
1 lessir Mendoza / Piesiden.
Liessin Mendoza / President. 12040 au 10-km.
: - · · · · · · · · · · · · · · · · ·
Eduarda G. Mendora - Vice President.
Eduarda G. Mellos
12040 800 10 terr
miami, Fl. 33/34.

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: Antillas Travel + Service, I	inc.
2.	The name and address of the registered agent and office is:	-
	Llessir Mendoza (NAME) (NAME)	
	(P.O. BOX NOT ACCEPTABLE)	PROVE AND.
	(CITY/STATE/ZIP)	D

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

5-15-98