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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839

ACCT#: 071001002335

FAX #: (305) 716-0346

NAME: CUTTING EDGE ILLUSIONS, INC.
AUDIT NUMBER.....H98000012933
DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..1 PAGES..... 3
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 14, 1998

EAS-T CORP. AGENTS, INC

SUBJECT: CUTTING EDGE ILLUSIONS, INC.
REF: W98000015848

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

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FAX Aud. #: H98000012933
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TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF
CUTTING EDGE ILLUSIONS, INC.

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: CUTTING EDGE ILLUSIONS, INC.. The principal place of business of this corporation shall be: 8860 SW. 19TH. ST., MIAMI, FLORIDA, 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 is: 100 all of wich shall be common shares (\$1.00) per value each.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

PREPARED BY: ENRIQUE VALENZUELA
542 SW 12 Ave.
Miami, Fl. 33130
(305) 649-3400

H98000012933

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):

JOSEPH R. LOPEZ-FRANCIS
6860 SW. 19TH. ST.
MIAMI, FLORIDA, 33155.

DELIA M. LOPEZ-FRANCIS
6860 SW. 19TH. ST.
MIAMI, FLORIDA, 33155.

PAULETTE ZAKKOUT
6860 SW. 19TH. ST.
MIAMI, FLORIDA, 33155.

ARTICLE VI INCORPORATORS(S)

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


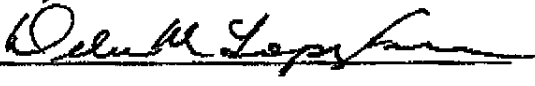
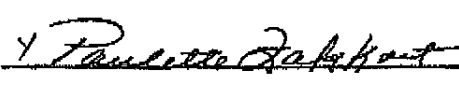
JOSEPH R. LOPEZ-FRANCIS
Incorporator/President
6860 SW. 19TH. ST.
MIAMI, FLORIDA, 33155.

DELIA M. LOPEZ-FRANCIS
Incorporator/Vicepresident
6860 SW. 19TH. ST.
MIAMI, FLORIDA, 33155.

PAULETTE ZAKKOUT
Incorporator/Treasurer
6860 SW. 19TH. ST.
MIAMI, FLORIDA, 33155.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this ___7th___ day of ___July___, 1998.

Signature(s) of Incorporator(s)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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: CUTTING EDGE ILLUSIONS, INC.
2. The name and address of the registered agent and office is: JOSEPH R. LOPEZ-FRANCIS, 6860 SW. 19TH. ST., MIAMI, FLORIDA, 33155.

SIGNATURE _____



TITLE _____ PRESIDENT _____

DATE _____ 7th. of July, 1998 _____

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 _____



DATE _____ 7th. of July, 1998 _____

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TALLAHASSEE FLORIDA

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