Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	MIRTHA OBUR CASIMIR INC.	
	(Proposed comorate name - must include suffly)	

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee \$78.75

Filing Fee & Certificate

\$131.25

Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate

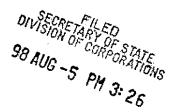
ADDITIONAL COPY REQUIRED

1000 N. DOUGLAS ROAD
Address

PEMBROKE PINES FL 33024
City, State & Zip

(305) 650 - 2602 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MIRTHA OBUR CASIMIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

1000 N. DOUGLAS ROAD PEMBROKE PINES, FL -33024

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

MIRTHA OBUR CASIMIR 1000 N. DOUGLAS ROAD PEMBROKE PINES, FL 33024

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MIRTHA OBUR CASIMIR 1000 N. DOUGLAS ROAD PEMBROKE PINES, FL 33024

Signature/Incorporator

8/3/98

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date