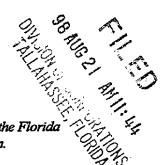
P99000013728

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

CHDTECT.	INTE	RAHERICAN	TRUST, INC.		
SUBJECT: (Proposed corporate name - must include suffix)					
				:0000262 -08/21/98 ******78.79	-0105701
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
☐ \$70 Filing	0.00	Si \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
ADDITIONAL COPY REQUIR				PY REQUIRED	
FROM: SABINA MUNEVAR Name (Printed or typed) 7800 RED ROAD SUITE #219D Address SOUTH MIAMI FL 33143 City, State & Zip					
305-663-353/ Daytime Telephone number					
		24,444		A CANADA DA	
	NOT	E: Please provide the	original and one copy o	of the articles.	of the



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

The name of the corporation shall be:

INTERAMERICAN TRUST, INC.

ARTICLE II PRINCIPAL OFFICE

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

7800 RED ROAD SUITE 219D P.O. BOX 565314
S. MIAMI FL 33143
HIAMI FL 33256-5314

ARTICLE III SHARES

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

DNE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

7800 RED ROAD SUITE 219D

S. MIAMI FL. 33143

ARTICLE V INCORPORATOR

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

SABINA MUNEVAR

P.O. BOT 565314 MIAMI FL 33156

8-17-98

Signature/Incorporator

(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