

P98000074959

TRANSMITTAL LETTER

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

700002624987--3
-08/26/98--01019--017
****131.25 ****131.25

SUBJECT: SPIRAL PRODUCTIONS CORPORATION
(Proposed corporate name - must include suffix)

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

X \$131.25
Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED

FROM: ANA C. FUENTES
Name (Printed or Typed)
1315 Cleveland Road
Address
Miami Beach, FL 33141
City, State & Zip
(305) 805-1242 // (305) 861-6583
Daytime Telephone Number(s)

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

FILED
98 AUG 25 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SPIRAL PRODUCTIONS CORP.

ARTICLE II - PRINCIPAL OFFICE

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

1315 Cleveland Road
Miami Beach, FL 33141

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 (ONE HUNDRED).

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ana C. Fuentes
1315 Cleveland Road
Miami Beach, FL 33141

ARTICLE V - INCORPORATOR

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

Ana C. Fuentes
1315 Cleveland Road
Miami Beach, FL 33141

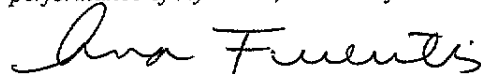


Signature/Incorporator

08-17-98

Date

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

08-17-98

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA