

P98000077544

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

700002633537--5

-09/08/98--01042--020

****122.50 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Di's EUROPEAN DAY SPA, CORP.

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

FILED
98 SEP -8 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SP
9/9

RECEIVED
98 SEP -8 AM 10:59
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION

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:

Di's European Day Spa, Corp.

ARTICLE II PRINCIPAL OFFICE

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

3850 S. W. 87th Avenue
Suite #308
Miami, Florida 33165

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gloria Acosta, President
3850 S. W. 87th Avenue
Suite #308
Miami, Florida 33165

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

Gloria Acosta
3850 S. W. 87th Avenue
Suite #308
Miami, Florida 33165

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) of these Articles of Incorporation is (are):

ADDRESS: Gloria Acosta- *President*
3850 S. W. 87th Avenue
Suite #308
Miami, Florida 33165

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1st DAY OF September, 1998.


SIGNATURE

SIGNATURE

SIGNATURE

Articles of Incorporation
Filing Fee- \$35.00

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0505, 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.

The name of the corporation is:

Di's European Day Spa, Corp.

The name and address of the registered agent and office is:

Gloria Acosta
3850 S. W. 87th Avenue
Suite #308
Miami, Florida 33165

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

SEPTEMBER 02/98

DATE

REGISTERED AGENT FILING FEE: \$35.00

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