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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. DIRECT FLORIDA INSURANCE, (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)



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Certificate of Status

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

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-10/06/98--D1045--D14
*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION
OF
DIRECT FLORIDA INSURANCE, INC.

98 OCT -6 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLE I - NAME

The name of the corporation is DIRECT FLORIDA INSURANCE, INC.

ARTICLE II - DURATION

The corporation shall have perpetual existence.

ARTICLE II - PURPOSE

The purpose of this corporation is to engage in any activity or business permitted on the laws of the United States and the state of Florida.

ARTICLE IV - CAPITAL STOCK

The maximum number of shares of this corporation is authorized to have outstanding at any time is 100 shares of common stock having no par value. The capital stock may be paid for in money, property, labor or services, at a just valuation to be fixed by the incorporators or by the directors, at a meeting called for such purpose.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The initial principle office of this corporation shall be:

8217 N. W. 192nd Terrace

Miami, Florida 33015

The initial registered agent of this corporation shall be:

Carlos A. Cabrera 8217 N. W. 192nd Terrace

Miami, Florida 33015

who upon accepting this designation agrees to comply with the provisions of section 48.091, Florida statutes as amended from time to time, with respect to keeping an office open for service of process.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

The initial board of directors shall consist of two (2) Members. The number of directors may be increased or decreased from time to time by vote of the shareholders, but in no case shall the number of directors be less than two (2). The names and addresses of the directors constituting the initial board of directors is:

NAME

ADDRESS

Carlos A. Cabrera 8217 N. W. 192nd Terrace Miami, Florida 33015
President/Treasurer

Amy C. Alfonso 12148 ST. Andrews PL. Apt 308 Miramar, FL 33025
Vicepresident/Secretary

ARTICLE VII - AMENDMENT

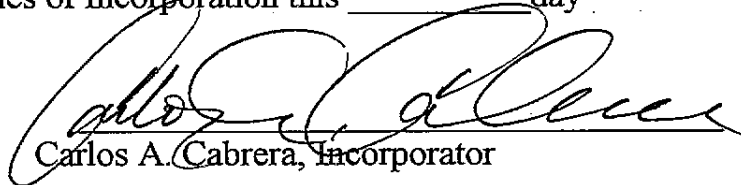
These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed by them to the stockholders and approved at a shareholders' meeting by 100% of the stock entitled to vote, unless all of the directors and all of the shareholders sign a written statement manifesting their intention that a certain amendment of these articles of Incorporation be made.

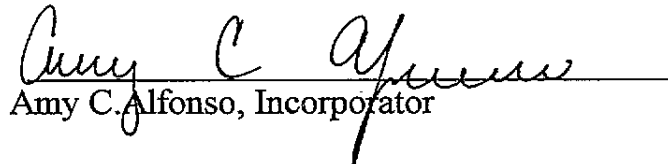
ARTICLE VIII - INCORPORATOR

The names and street addresses of the persons signing these articles of incorporation are:

NAME	SOCIAL SECURITY	ADDRESS
Carlos A. Cabrera	8217 N. W. 192nd Terrace Miami, Florida 33015	
Amy C. Alfonso	12148 ST. Andrews PL. Apt 308 Miramar, FL 33025	

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this _____ day of August, 1998


Carlos A. Cabrera, Incorporator


Amy C. Alfonso, Incorporator

STATE OF FLORIDA }	The foregoing instrument was acknowledged
	before me this _____ day of August, 1998
COUNTY OF DADE }	by Carlos A. Cabrera and Amy C. Alfonso,
	who are personally known to me and who
	did take an oath.

My Commission Expires:

Notary Public
State of Florida at Large

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.501, Florida Statutes, the undersign 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.

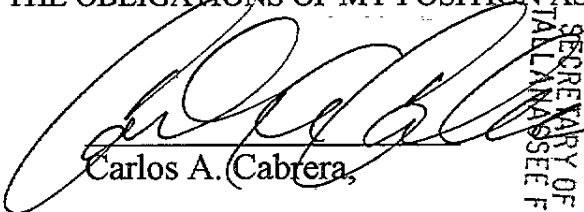
1. The name of the corporation is:

DIRECT FLORIDA INSURANCE, INC.

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

Carlos A. Cabrera,
8217 N. W. 192nd Terrace
Miami, Florida 33015

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.


Carlos A. Cabrera,

Date _____

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