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LAZARUS CORPORATE FILING SERVICE, INC.

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

300002668843--9

-10/21/98--01032--008

*****78.75 *****78.75

OFFICE USE ONLY

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

1. STUTGART COLLISION, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)



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Photocopy



Certificate of Status

98 OCT 21 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

Examiner's Initials

98 OCT 21 AM 10:24
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

OF

STUTGART COLLISION, INC.

FILED
98 OCT 21 PM 12:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 this corporation shall be: STUTGART COLLISION, INC.

ARTICLE II

PRINCIPAL OFFICE

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

**13700 S.W. 19 TERRACE
MIAMI, FL. 33175**

ARTICLE III

CAPITAL STOCK

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

100 shares at \$1.00 par value

**ARTICLE IV
SHARES OF STOCK**

OMAR J. BAKOS 100 SHARES OF STOCK

**ARTICLE V
OFFICERS OF CORPORATION**

President	OMAR J. BAKOS
Vice- President	OMAR J. BAKOS
Secretary	OMAR J. BAKOS
Treasurer	OMAR J. BAKOS

**ARTICLE VI
REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent is:

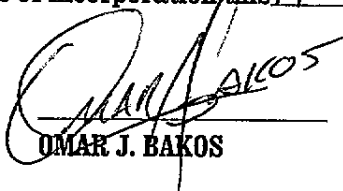
**OMAR J. BAKOS
13700 S.W. 19 TERRACE
MIAMI, FL. 33175**

ARTICLE VII
INCORPORATOR(S)

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

OMAR J. BAKOS
13700 S.W. 19 TERRACE
MIAMI, FL. 33175

The undersigned has (have) executed these Articles of Incorporation this 19th day of October
1998.

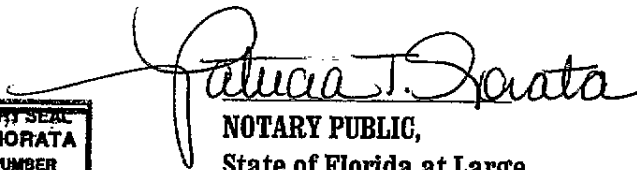

OMAR J. BAKOS

STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State
aforesaid and in the Court aforesaid, to take acknowledgments, personally appeared Omar
J. Bakos, to me known to be the person(s) described in and who executed the
foregoing instrument or have produced Driver's License as
identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 19th day of Oct-
ober, 1998.




NOTARY PUBLIC,
State of Florida at Large
Patricia morata
(Print Name)

My Commission Expires: 11/9/2001

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

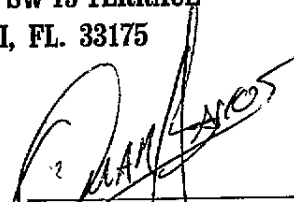
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is:

STUTGART COLLISION, INC.

2. The name and address of the Registered Agent and office is:

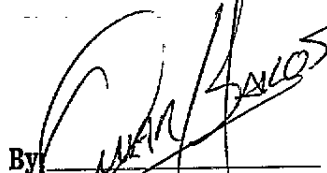
**OMAR J. BAKOS
13700 SW 19 TERRACE
MIAMI, FL. 33175**


OMAR J. BAKOS
Registered Agent

Date: 10/19/98

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

By 
OMAR J. BAKOS
Registered Agent