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OFFICE UE 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	80002679058——6 -11/03/38—01050002 *****78.50 *****78.50 office use only
1. INVERSIONES SMA (Corporation Name) 2. Translation Super Care Inc. (Corporation Name)	RT CARD, INC.
3. (Corporation Name) 4. (Corporation Name) Walk in Pick up time 2.00 Mail out Will wait Photocopy	(Document #) (Document #) (Document #) (Document #) ARE TARY OF STAIL Certificate of Status Certificate of Status
Profit NonProfit NonProfit Limited Liability Domestication Other Amendment Resignation of Change of Regis Dissolution/With Merger	MENTS R.A., Officer/Director stered Agent
OTHER FILNGS Annual Report Fictitious Name Name Reservation Reinstatement Trademark	ON/ ON

Examiner's Initials

ARTICLES OF INCORPORATION

ARTICLE I, NAME

The name of this corporation is **Inversiones Smart Card, Inc.**

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ARTICLE II, NATURE OF BUSINESS

<u>Inversiones Smart Card, Inc.</u> is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of **Inversiones Smart Card, Inc.** is perpetual.

ARTICLE IV, CAPITAL STOCK

<u>Inversiones Smart Card, Inc.</u> is authorized to issue 100 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The principle address of **Inversiones Smart Card, Inc.** is:

2588 SW 27th Ave Miami, Fl 33133

and the name of the initial registered agent of this corporation at this address is Maria Antonia Delgado.

ARTICLE VI, INITIAL DIRECTORS

<u>Inversiones Smart Card, Inc.</u> shall have three (3) directors, and the number of directors may be changes as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

Maria Antonia Delgado

President/Secretary

600 Grapetree Drive

Director

Apt #6ES

Key Biscayne, Fl 33149

Alberto Enrique Caro-Bracho

Vice-president

Calle Silvia a de Saiden

Director

Edificio Mansion Valle Arriba PH

Colina de Valle Arriba Caracas Venezuela

Julio Jose Mendez Mendoza

Treasure

Urbanizacion La Tahona

Director

Calle Del Parral

Qta Indujo Caracas Venezuela

ARTICLE VII, INCORPORATOR

The name and addresses of the incorporator of this corporation is:

Maria Antonia Delgado 600 Grapetree Drive Apt #6ES Key Biscayne, Fl 33149

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 2nd day of November 1998.

STATE OF FLORIDA)
COUNTY OF DADE)

Maria Antonia Delgado Incorporator

Before me, a notary public authorized take acknowledgments in the state and county seats above, personally appeared <u>Maria Antonia Delgado</u>, known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and the acknowledge before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 2nd day of November 1998.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

My Commission Expires:

ANTONIO GARCIA
My Comm Exp. 1/09/99
Bonded By Service Ins
No. CC420891

ACCEPTANCE OF APPOINTMENT

<u>OF</u>

REGISTERED AGENT

Pursuant to the provisions of section 607.0501, 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.

1. The name of the corporation is: Inversiones Smart Card, Inc.	
2. The name and address of the registered agent and office is: Maria Antonia Delgado	
600 Grapetree Drive Apt #6ES	
Key Biscayne, Fl 33149	
Mr.	
SIGNATURE	
TITLE PRESIDENT	
DATE November 2, 1998	
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 THE CAPACITY. I FURTHER AGREE TO COMPLETE TO THE PROPERTY OF THE PRO	
WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND	
COMIDETE FING ORGANICE OF MIT DOTTED, MAD I ANTIAMBLIAR WITH A STATE OF THE STATE O	
SIGNATURE SIGNATURE	
DATE November 2, 1998	