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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : JIM SIERRA & ASSOCIATES

Account Number : 110677000356 Phone (305)271-7310Fax Number

: (305)271-4422

FLORIDA PROFIT CORPORATION OR P.A.

BIGA GABLES, INC.

Certificate of Status	0
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FROM : TAXSMART INC JIM SIERRA ASSOC PHONE NO. : 305 271 4422

Jan. 29 1999 09:09AM P2

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ARTICLES OF INCORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

- OF -

BIGA GABLES, INC.

I, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:

BIGA GABLES, INC.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any time is ONE HUNDRED (100) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than ONE HUNDRED (\$100.00) DOLLARS.

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Prepared by: JIM SIERRA & ASSOCIATES 9290 SUNSET DR STE 105 MIAMI, FL 33173 TEL. (305) 271-7310 FAX. (305) 271-4422 FROM: TAXSMART INC JIM SIERRA ASSOC PHONE NO.: 305 271 4422

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ARTICLE V

This corporation shall exist perpetually unless sconer dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

305 ALCAZAR AVE CORAL GABLES, FL 33134

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The name and street address of the member of the first Board of Directors of this corporation are as follows:

PABLO R. MARTIN

1401 Lee Street # 2

President/Treasury

HOLLYWOOD, FL 33020

MAYRA RETURELA V-President/Secretary

916 West 42nd Street #5 MIAMI BEACH, FL 33140

ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

PABLO R MARTIN

1401 Lee Street #2

Pres/Treas

HOLLYWOOD, FL 33020

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ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned PABLO R MARTIN, being natural person(s), competent to contract, have here unto set his/their hands and seal this, January 28th, 1999.

PABLO R. MARTIN

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STATE OF FLORIDA) S.S. COUNTY OF <u>DADE</u>)

BEFORE ME, the undersigned Notary Public of the State of Florida personally appeared PABLO R. MARTIN, known and known to me, to be the person(s) described herein and who executed the foregoing Article of Incorporation, and he/she/they acknowledged before me that he/she/they executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and official seal this January 28th, 1999.

My commission expires:

SYPUS JIM SIERRA
S COMMISSION # CC 672706
EXPIRES OCT 7, 2001
SONDED THRU
OF BUS ATLANTIC BONDING CO., INC.

Jan. 29 1999 09:10AM P6

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

IN COMPLIANCE W	TTH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:
	PYCA CABLES, INC.
WITH ITS PLACE O	F BUSINESS AT 305 ALCAZAR AVE. CORAL GABLES, FL 33134
HAS NAMED	PABLO R. MARTIN (Name of registered Agent)
LOCATED AT	1401 LEE ST #2 HOLLYWOOD, FL 33020 (Street address and number of building - PO Box address ARE NOT acceptable)
CITY OF MIAMI	_ STATE OF FLORIDA AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN
FLORIDA.	SIGNATURE SIGNATURE COSPORATE OFFICER PABLO R. MARTIN
	TITLE President/Treas.
	DATE January 28th, 1999

I, HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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.

SIGNATURE ____

(Registered Agent) / PABLO R MAR

DATE January 28th, 1999

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CRETARY OF STATE
LAMASSEE FLORINA

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