P99000042098 (SAMPLE LETTER OF TRANSMITTAL)

DATE

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:	CIMA	TECHNOLOGY		INC.	 , Inc.	14-4 14-4	M
_		(Name	e of Corpor	ation)	- <i>'</i>	AM 10: 55	

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours. 300002861912--5
-05/04/99--01076--004
****122.50 ******78.75

CIMA TECHNOLOGY GROUP INC.
(Name of Corporation)

Buch 99

MAILING ADDRESS OF CORPORATION

1408 N.W. 82 AVE. C-543

MIAMI, FL. 33126

PHONE

(305) 5915645
Area Code Number Ext.

ARTICLES OF INCORPORATION

of

CIMA TECHNOLOGY GROUP TNC. (name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CIMA TECHNOLOGY GROUP INC.

ARTICLE II - DURATION

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

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 10,000 shares of common stock, par value \$ 1,00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET A	ADDRESS	7370 NW.,	36 \$ T,	, suite	335 K	: F.	
CITY	MTAME	-	<u> </u>	= #**	FLORIDA		ZIP 33166
Mail	ing address,	if different				-	-
171411	ing address,	n dinoront					

STREET ADDRESS	1408	N,W.	82	AVE.	C+ 543	<u> </u>		
		•						
CITY	ITAMI	-	-		FLORIDA	- delaker Manne Me	ZIP	33126

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	VICTOR MIGUEL BOCCALON		
ADDRESS	7370 NW. 36 ST.		· · · · · · · · · · · · · · · · · · ·
CITY	MIAMI	FLORIDA	ZIP 33166

NAME	VICTOR MIGUEL BOCCALON	1 1000000000000000000000000000000000000	
ADDRESS	CALLE ARISMENDI, RES. LA LAGI	JNA # 3	
CITY	LECHERIA, PTO. LA CRUZ	STATE ANZOATEGU	I. VENEZUEZA
NAME		-	
ADDRESS		-	·
CITY		STATE	ZIP
NAME			
ADDRESS			
			
CITY The names and		STATE //III - INCORPORATORS ese Articles of Incorporation are	ZIP e as follows:
The names and	d addresses of the incorporators signing the	/III - INCORPORATORS ese Articles of Incorporation are	
The names and NAME	d addresses of the incorporators signing the VICTOR MIGUEL BOCCALON CALLE ARISMENDI, RES. LA LAC	VIII - INCORPORATORS ese Articles of Incorporation are GUNA # 3	e as follows:
The names and NAME ADDRESS CITY	d addresses of the incorporators signing the	/III - INCORPORATORS ese Articles of Incorporation are	e as follows:
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NAME ADDRESS CITY NAME ADDRESS	d addresses of the incorporators signing the VICTOR MIGUEL BOCCALON CALLE ARISMENDI, RES. LA LAC	VIII - INCORPORATORS ese Articles of Incorporation are GUNA # 3 STATE ANZOATEGU	e as follows:

_____(Signature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED

99 MAY -4 AM 10: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CIMA TECHNOLOGY GROUP INC.	
(name of corporation)	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the	_
The above corporation, organized under the laws of the State	of Florida with its registered office
as indicated in the Articles of Incorporation	
at 7370 N.W. 36 STREET	
has named VICTOR MIGUEL BOCCALON	
located at the aforesaid address, as its registered agent to acce	nt service of process within this
	pt service or process within this
state.	
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	- • • •
tered agent and agree to act in this capacity. I further agree to	the second of the second
statutes relating to the proper and complete performance of m	y duties, and I am familiar with
and accept the obligations of my position as registered agent.	•
///humf -	APRIL,28, 1999
/// (Signature)	(Date)
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