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Account Name : FAS-T CORP. AGENTS, INC.
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FLORIDA PROFIT CORPORATION OR P.A.

JAZMIN CORP.

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 12, 1999

FAS-T CORP. AGENTS, INC.

SUBJECT: JAZMIN ENTERPRISES CORP.
REF: W99000011169

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

THE CONFLICT IS JASMINE ENTERPRISES, INC., DOC. NUMBER J81296

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Michelle Milligan
Document Specialist

FAX Aud. #: H99000011257
Letter Number: 299A00026133

ARTICLES OF INCORPORATION
OF
JAZMIN HEALTH CARE CORP.

The undersigned incorporate (s). for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:
JAZMIN HEALTH CARE CORP.

The principal place of business of this corporation shall be:
51 N.W. 67 Ct. Miami Fl 33126

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the united States, the State of Florida, or any other state, county, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 500, FIVE HUNDRED SHARES At \$1.@ each

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared By: Silvano Pacheco
5201 NW 7th Street
Suite No. 617
Miami, Florida 33126
Phone#(305)-447-0613

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TALLAHASSEE, FLORIDA

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer(s) and directors(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Alberto Ponce de Leon (President)
551 SW. 71 Pl.
Miami Fl 33144

*

George I Cue (sec. Of Treasure)
5201 N. W. 7th St. #616
Miami Fl. 33126

*

Gloria Mendez (Secretary)
4732 N.W. 2 nd Terrace
Miami Fl 33126

ARTICLE VI INCORPORATOR(S)

The name (s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

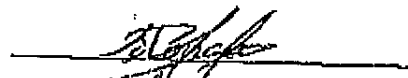
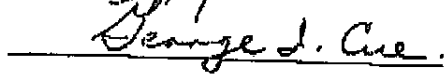

Alberto Ponce de Leon 551 SW 71 Pl Miami Fl 33144
*

George I. Cue 5201 NW 7 St # 616 Miami Fl 33126
*

Gloria Mendez 4732 NW. 2 nd Terrace Miami Fl 33126
*

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have)
executed these Articles of incorporation this 11, days of May 1999

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organizer 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:

JAZZIN HEALTH CARE CORP.

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

Alberto Ponce de Leon 551 N W 71 pl. Miami Fl 33144

SIGNATURE

TITLE

DATE

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 STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF THE SECTION 607.325, FLORIDA STATUS.

SIGNATURE

DATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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