

Division of Corporations

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 867-8448
Fax Number : (305) 264-0232

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.**CORAL WAY INSURANCE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I**NAME**

The name of the corporation shall be: CORAL WAY INSURANCE, INC.

ARTICLE II**PRINCIPAL OFFICE**

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

1717 CORAL WAY
MIAMI, FL. 33145

ARTICLE III**SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated **COMMON SHARES**.

ARTICLE IV**INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

PABLO CARBONELL
1717 CORAL WAY
MIAMI, FL. 33145

Prepared By: PABLO CARBONELL
1717 CORAL WAY
MIAMI, FL. 33145
305 8561887

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TALLAHASSEE, FLORIDA

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**ARTICLE V
INCORPORATOR(S)**

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

PABLO CARBONELL
1717 CORAL WAY
MIAMI, FL. 33145


DIRECTOR & PRESIDENT

ERNESTO CARRILLO
1717 CORAL WAY
MIAMI, FL. 33145

VICE-PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17 day of 10, 1999.


Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, 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.

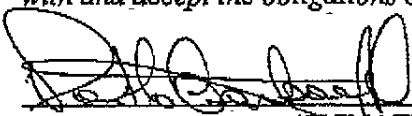
1. The name of the corporation is: CORAL WAY INSURANCE, INC.

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

PABLO CARBONELL
1717 CORAL WAY.
MIAMI, FL. 33145

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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 this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

10-19-99

(DATE)

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