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LOCAL REPRESENTATIVE TALLAHASSEE

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-10/13/99--01035--014

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ROMA INTERNATIONAL FINANCIAL

(Corporation Name)

(Document #)

2. FOUNDATION INC.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 OCT 13 AM 11:34

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 13 PM 1:17

FILED

T BROWN

OCT

13 1999

Examiner's Initials

ARTICLES OF INCORPORATION

ROMA INTERNATIONAL FINANCIAL FOUNDATION INC.

FILED
99 OCT 13 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be :

ROMA INTERNATIONAL FINANCIAL FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

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

*2215 West 64th. Street, Apt. 102
Hialeah Gardens, Florida 33016*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding At any time is :

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1,000 shares, having an individual par value of \$1.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is :

*RAUL ORTA
2215 West 64th. Street, Apt. 102
Hialeah Gardens, Florida 33016*

ARTICLE V INCORPORATOR(S)

The name and street address of the incorporator to these Articles of Incorporation is :

RAUL ORTA
2215 West 64th. Street, Apt. 102
Hialeah Gardens, Florida 33016

ARTICLE VI DIRECTOR(S)

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

RAUL ORTA
MONICA ORTA
MONICA ORTA

CHAIRMAN
VICE - PRESIDENT
SECRETARY

Address: *2215 West 64th. Street, Apt. 102*
Hialeah Gardens, Florida 33016

The undersigned incorporator have executed these Articles of Incorporation this 12th. day
of October, 1999.


Raul Orta

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 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 : **ROMA INTERNATIONAL FINANCIAL FOUNDATION INC.**


2.- The name and address of the Registered Agent and Office is :

RAUL ORTA
Name

2215 West 64th. Street. Apt. 102
P.O Box not acceptable)

Hialeah Gardens, Florida 33016
(City, State, Zip)

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 OCLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE : 
RAUL ORTA

DATE : OCTOBER 12TH 1999