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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
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NAME: FAMILY FOOD CENTER INC.

AUDIT NUMBER.....H98000008631

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...1

PAGES..... 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 7, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: FAMILY FOOD CENTER INC
REF: W98000010296

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.

PLEASE COMPLETE THE TOP PORTION OF THE CERTIFICATE DESIGNATING PLACE OF BUSINESS, ETC. IN THE FIRST BLANK, ENTER THE CORPORATE NAME. IN THE NEXT BLANK, PLEASE ENTER THE REGISTERED AGENT'S NAME.

If you have any further questions concerning your document, please call (850) 487-6926.

Tracy Augsburger
Document Specialist

FAX Aud. #: E98000008631
Letter Number: 998A00025253

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF

ARTICLE I- NAME:

The name of this corporation is:

FAMILY FOOD CENTER INC

ARTICLE II-DURATION:

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III-PURPOSE:

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV-CAPITAL STOCK:

This corporation is authorized to issue sixty (60) shares of NO PAR VALUE common stock, which shall be designated "Common Stock".

ARTICLE V-PREEMPTIVE RIGHTS:

Every shareholders, upon the sale for cash of any new stock of

Prepared by: IBRAHIM VELAZQUEZ
85 Grand Canal Drive #404
Miami, Florida 33144
(305) 262-9835

this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI—INITIAL REGISTERED OFFICE AND AGENT:

The street address of the principal office of this corporation is: *332 W AVE A Belle Glade FL 33430*

The name of the initial registered agent of this corporation is:

RAFAEL E LARA

8318 NW 7 St. #84
Miami, Florida 33126

ARTICLE VII—INITIAL BOARD OF DIRECTORS:

This corporation shall have (2) director(s), initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of this corporation is (are):

RAFAEL E LARA
8318 NW 7 ST #84
MIAMI, FL 33126

Ruth Y LARA
8318 NW 7 ST #84
MIAMI, FL 33126

ARTICLE VIII—INDEMNIFICATION:

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

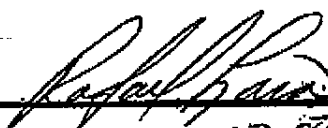
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ARTICLE IX-INCORPORATORS:

The name and address of the person(s) signing these articles of incorporation is (are):

RAFAEL E. LARA
8318 NW 7ST #84
MIAMI, FL 33126

IN WITNESS WHEREOF, the undersigned
subscriber(s) has (have) executed these Articles of Incorporation
this 4th day of MAY 1998,



8318 NW 7ST #84
MIAMI, FL 33126

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING AGENT UPON
WHOM SERVICE OF PROCESS MAY BE EFFECTIVE**
Corporation Name: Family Food Center Inc.

Registered Agent: Rafael E. Lara
8318 NW 7 St.#84, Miami, Fl. 33126

IN COMPLIANCE with Section 607.034 of the Florida Statutes, the
following is submitted:
desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business in the City of
Miami, County of Dade, State of Florida, has named:
as its agent to accept service of process
within the State of Florida, with the registered address as:
Miami, Florida

ACKNOWLEDGMENTS

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
MENTIONED CORPORATION, AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO
THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

DATED: THE 4th DAY OF MAY 1998.


REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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