

PROD09830

OFFICE ONLY Doc#

EXPRESS CORPORATE FILING SERVICE INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112

(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

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

1. PRODUCTORA DE ALIMENTOS SUPREMA USA, CORPORATION
 (Corporation Name) (Document #)

2. _____
 (Corporation Name) (Document #)

3. Supreme Products of Alimentos
 (Corporation Name) (Document #)

4. factory of foods USA
 (Corporation Name) (Document #)

- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

FILED
 00 JAN 28 PM 2:23
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

400003115594--0
 -01/31/00--01033--003
 ****296.25 ****78.75

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

FILED
 00 JAN 28 PM 3:31
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PRODUCTORA DE ALIMENTOS SUPREMA USA, CORPORATION

**ARTICLES OF INCORPORATION
OF**

PRODUCTORA DE ALIMENTOS SUPREMA USA, CORPORATION

The undersigned Incorporator(s), 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 :

PRODUCTORA DE ALIMENTOS SUPREMA USA, CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

8302 NW SOUTH RIVER DRIVE
MEDLEY FL 33166

ARTICLE III SHARES

The numer of shares of stock that this corporation is authorized to have outstanding at any one time is: THIRTY THOUSAND DOLLARS (1,000) shares of \$ 30.00 par value each, wich shares will all be Common Stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Fabio Londoño Caceres
8505 NW 3 Ln # 101
Miami FL 33166

ARTICLE V INCORPORATOR(s)

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

FABIO LONDOÑO
8505 NW 3 LN # 101
MIAMI FL 33166

ARTICLE VI DIRECTOR(s)

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

FABIO LONDOÑO PRESIDENT /SECRETARY 8505 NW 3 LN # 101 MIAMI FL 33166
EDUARDO ROJAS VICE-PRES/TREASURY 8505 NW 3 LN # 101 MIAMI FL 33166

The undersigned incorporator(s) has (have) executed Articles of Incorporation
This 26 day of January of 2000


FABIO LONDOÑO


EDUARDO ROJAS

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Productora de Alimentos Suprema USA
corporation

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

FABIO LONDONO
(NAME)
8505 NW 3 Ln #101
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Miami FL 33166
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

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.

Fabio Londono
(SIGNATURE)

01/26/00
(DATE)