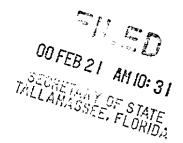
TRANSMITTAL LETTER 20000019893



Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: PAPI-AL (Proposed corpora	CORNER INC.		
Lore.	-02/21/000110 *****78.75 **		
Enclosed is an original and one(1) copy of the articles	s of incorporation and a check for :		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: ALEX BOUCHEREAU Name (Printed or typed)			
1240 N. KROME AVE			
HOMESTEAD FL 33030			
305-247-7810 Daytime Telephone number			

NOTE: Please provide the original and one copy of the articles.

305-3830238

D. MOWE FEB 2 5 2000

ARTICLES OF INCORPORATION

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

OOFEB21 AM 10:31

ARTICLE	Ι	NAME

The name of the corporation shall be:

PAPI-AL CORNER, INC.

ARTICLE II PRINCIPAL OFFICE

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

1240 N. KROME AVE, HOMESTEAD FL 33030

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHANTAL BOUCHEREAU
10612 SW 128 PL
RTICLE V INCORPORATOR MIRMI- FL 33181

ARTICLE V INCORPORATOR WILL SELECTION ARTICLE V INCORPORATOR WILL SELECTION ARTICLES OF Incorporation are:

ALEX BOUCHEREAU

10612 SW 128 PL MIAMZ FL 33186.

Date

(An additional article must be added if an effective date is requested.)

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 agreeistered agent

Signature/Registered Agent

01-12-00.