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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FILED
00 MAY 11 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

ALPHA PROMOTIONS, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

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CERTIFICATE OF INCORPORATION
OF
ALPHA PROMOTIONS, INC.

We, the undersigned subscribers to these Articles of Incorporation, each a natural person competent to contract, in order to form a corporation for the purposes hereinafter stated, under the pursuant to the provisions of Florida Statute, Chapter 607, known as the "Florida General Corporation Act," do hereby subscribe to this Certificate of Incorporation:

ARTICLE I

The Name of the corporation is:

ALPHA PROMOTIONS, INC.

ARTICLE II

The principal place of business and mailing address is: 1021 N.W. 202nd Street, Miami, FL 33169.

ARTICLE III

The general nature of the business or businesses of the corporation and the objects and purposes to be transacted, promoted or carried on by it, are as follows:

- (a) to conduct business as internet marketing consultants and E-Commerce strategists.

ARTICLE IV

The number of shares of stock is: 100

ARTICLE V

Pursuant to the provisions of Chapter 607.111(1), Florida Statutes, this corporation shall have directors and the directors of said corporation shall be:

Humberto A. Cruz, 1021 N.W. 202nd Street, Miami, Florida 33169

Carlos G. Berrios, 1021 N.W. 202nd Street, Miami, FL 33169

Luis De Rosa, 1801 Coral Way #214, Miami, FL 33145

ARTICLE VI

The initial registered agent of this corporation and mailing addresses in the State of Florida is:

Humberto A. Cruz, 1021 N.W. 202nd Street, Miami, Florida 33169

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ALPHA PROMOTIONS, INC.

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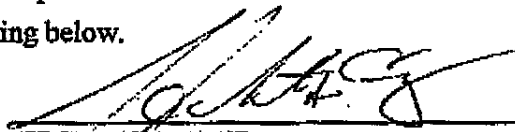
ARTICLE VII

The Incorporator shall be:

Humberto A. Cruz, 1021 N.W. 202nd Street, Miami, FL 33169.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

The effective date of the existence of this corporation shall be as of the date these Articles are executed by the subscriber(s) hereto, appearing below.



HUMBERTO A. CRUZ

STATE OF FLORIDA)
COUNTY OF DADE)

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in the State and County above named to take acknowledgements, personally appeared HUMBERTO A. CRUZ to me well known to be the persons described in and who executed the foregoing Certificate of Incorporation, and acknowledged before me that they subscribed to said Certificate of Incorporation.

WITNESS my hand and official seal in the County and State above named this _____
day of _____, 19_____.

Notary Public, State of Florida at Large

My Commission Expires:

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**CERTIFICATE OF DESIGNATION
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.

First that ALPHA PROMOTIONS, INC.
(Name of Corporation)

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named HUMBERTO A. CRUZ located at 1021 N.W. 202ND STREET, MIAMI, FLORIDA 33169, County of DADE State of Florida, as its agent to accept service of process within this state.

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: _____

(Registered Agent)

DATED: _____

5-10-00

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TALLAHASSEE, FLORIDA

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