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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 : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305) 867-8448
Fax Number : (305) 264-0232

FLORIDA PROFIT CORPORATION OR P.A.

~~R R DISTRIBUTOR, CORP.~~

R R DISPLAY, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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B. McKnight

JUN 28 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 26, 2000

BUSINESS WORLD

SUBJECT: R R DISTRIBUTOR, CORP.
REF: W00000016278

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

THE CONFLICT IS R & R DISTRIBUTERS INC. DOC #P97000023077.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight
Document Specialist

FAX Aud. #: H00000033872
Letter Number: 700A00036057

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION

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

ARTICLE I

NAME

The name of the corporation shall be: R R DISPLAY, CORP.

ARTICLE II

PRINCIPAL OFFICE

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

7510 NW 70 ST
MIAMI, FL 33166

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ~~8~~ COMMON SHARES. ~~2~~

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS R. RIVADENEIRA
7510 NW 70 ST
MIAMI, FL 33166

Prepared by: LUIS R. RIVADENEIRA

7510 NW 70 ST
MIAMI, FL 33166
(305) 889-6609

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**ARTICLE V
INCORPORATOR(S)**

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

ALEXANDRA C. BENCHOCRON
7510 NW 70 ST
MIAMI, FL 33166


DIRECTOR & PRESIDENT

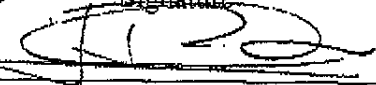
LUIS ROBERTO RIVADENEIRA
7510 NW 70 ST
MIAMI, FL 33166

VICE-PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of 06, 2000.



Signature


Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 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: R R DISPLAY, CORP.

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

LUIS R. RIVADENEIRA
7510 NW 70 ST
MIAMI, FL 33166

*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)

(DATE)

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