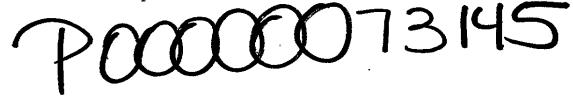
Page 1 of 2



Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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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)266-4080

Fax Number

: (305)264-0232

FLORIDA PROFIT CORPORATION OR P.A.

CAPITAL DISTRIBUTING, INC.

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

B. McKnight AUG 0 1 2000

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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: CAPITAL DISTRIBUTING, INC.

ARTICLE II PRINCIPAL OFFICE

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

11481 N.W. 89 CT MIAMI, FL. 33018

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 *COMMON SHARES.

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILSON LEON 11481 N.W. 89 CT MIAMI, FL. 33018

Prepared by: WILSON LEON 11481 N.W. 89 CT MIAMI, FL. 33018 305-3629580 SECRETARY OF STATE ON SECRETARY OF STATE OF STAT

ARTICLE V INCORPORATOR(S)

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

WILSON LEON 11481 N.W. 89 CT MIAMI, FL. 33018

DIRECTOR & PRESIDENT

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

Signature

GEORGE GONSALEZ

H000000404012

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: CAPITAL DISTRIBUTING, INC.
- 2. The name and address of the registered agent and office is:

WILSON LEON 11481 N.W. 89 CT MIAMI, FL. 33018 SECRETARY OF STATE
DIVISION OF CHECKNOWN

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)

07-28-00

(DATE)