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

FLORIDA PROFIT CORPORATION OR P.A.

ASTAL CORP.

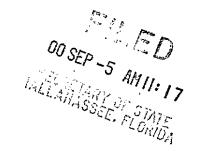
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ARTICLES OF INCORPORATION

OF

ASTAL CORP.

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be:

ASTAL CORP

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 1905 NE 146 St. Niami, H. 33181

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is $/\infty$ shares, having an individual par value of \$ NO PAR

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be:

Paul Sack
1106 Normandy D1.
Miami Bch., GL 33141
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article VII

The initial board of Directors shall consist of a total of person(s) and the name and address of the person(s) who are to serve as an initial director(s)

ASTOLFO DOMINGO ALIAGA 1455 N. Treasure Dr. #6M Miami Bch., JL 33141

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Paul Sack 1106 Normandy Dr. Miami Beh. H 33141

The undersigned has executed these Articles of Incorporation this \int day of \int

Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

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