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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
00 DEC - 1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

P.A.V. CONCESSIONS, INC.

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

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ARTICLES OF INCORPORATION
P.A.V. CONCESSIONS, INC

We, the undersigned are desirous of forming a corporation under the laws of the state of Florida such, laws that are applicable to corporations for profit, and respectfully petition the secretary of state for approval of such incorporation under the following proposed certificate of incorporation.

ARTICLE I

NAME

The name of the corporation shall be **P.A.V. CONCESSIONS, INC.** and its principle place of business shall be 7275 SW 137 ST MIAMI, FL 33158 and any other location that the board of directors may deem appropriate

ARTICLE II

RESIDENT AGENT

The resident agent of the corporation shall be POLLY LOREN 7275 SW 137 ST MIAMI, FL 33158

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or object to be transacted promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the States of Florida.

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ARTICLE IV

SHARES OF STOCK

The maximum number of shares of stock that corporation is authorized to have outstanding at any time is five hundred (500) of common stock.

ARTICLE V

AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00)

ARTICLE VI

DURATION

This corporation is to have perpetual existence commencing upon the approval by the secretary of state of this certificate of incorporation.

ARTICLE VII

DIRECTORS

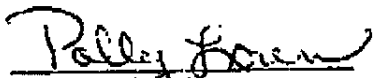
2 directors will manage the affairs of the corporation. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting is:

NAME
POLLY LOREN

PRESIDENT

ADDRESS
7275 SW 137 ST
MIAMI FL 33158

WE, THE UNDERSIGNED, BEING THE ORIGINAL SUBSCRIBERS TO THIS
CERTIFICATE OF INCORPORATION, DO HEREBY MAKE, SUBSCRIBE,
ACKNOWLEDGE AND FILE THIS CERTIFICATE AND CERTIFY THAT THE
FACTS STATED HEREIN ARE TRUE, AND HAVE HEREUNTO SET MY HAND
AND SEAL THIS 30 DAY NOVEMBER, 2000


POLLY LOREN

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.

1. The name of the corporation is **P.A.V. CONCESSIONS INC.**
2. The name and address of the registered agent are **POLLY LOREN 7275 SW 137 ST MIAMI, FL 33158**

SIGNATURE *Polly Loren*
TITLE PRESIDENT
DATE 12-01-00

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I'M FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *Polly Loren*
DATE 12-01-00

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