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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. ACENTS, INC.

Account Number: 071001002335
Phone: (305)599-0839
Fax Number: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

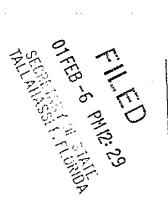
CAMPOS & SON INC.

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ARTICLE OF INCORPORATION

<u>op</u>

CAMPOS & SON INC.

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

ARTICLE I NAME

The name of the corporation shall be:

CAMPOS & SON INC.

The principal place of business of this corporation shall be: 20900 SW. 376 St. Homestead.Fl.33034

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

EMIGDIO A. CAMPOS 20900 SW. 376 ST. HOMESTEAD; FL. 33034 DIRECTOR

ARTICLE VI INCORPORATOR (S)

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

EMIGDIO A. CAMPOS 20900 SW. 376 ST. HOMESTEAD, FL. 33034 PRESIDENT, SECRETARY & TREASURER
100 shares

Signature/Title

tion this _5 th.	day of February, 2001
	Signature/Title
	Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 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:	······································
2.	The name and address of the registered agent and o	ffice
	is EMIGDIO A. CAMPOS	
	(Name)	ALC PEC
	20900 SW. 376 ST.	OTFEB -
	(P. O. BOX NOT ACCEPTABLE)	7 6 P
	HOMESTEAD, FLORIDA 33034	Service Control
	(CITY/STATE/ZIP)	HIZ: 29 F STATE FLURIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

DATE 2-5-2001