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FILED

TRANSMITTAL LETTER

01 Jan 28 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-01/28/02--01029--020
*****78.75 *****78.75

SUBJECT: H.B.A. CARIBBEAN FOOD STORE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: CDC CONSULTING FIRM, INC.
Name (Printed or typed)

1420 NW 20th CT Ste.# A
Address

Ft. Lauderdale, FL 33311
City, State & Zip

(954) 527-2630
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

CO 2-4

Article I NAME H.B.A. CARIBBEAN FOOD STORE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 6520 Pembroke Rd., Miramar, FL 33023

The Mailing address: 1503 SW 161 Ave., Pembroke Pines, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Community Food Store

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

- President/Director: DAFTON JAMES 1503 SW 161 Ave., Pembroke Pines, FL 33027
- Secretary/Director: Pauline James 1503 SW 161 Ave. Pembroke Pines, FL 33027
- Treasurer: Odane James 1503 SW 161 Ave., Pembroke Pines, FL 33027
- Director: Kenneth Reid 18135 NW 6th Ave. Miami, FL 33169
- Director: Altimon NePaul 6444 Funston ST. HOLLYWOOD, FL 33023

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Dafton James 1503 SW 161 Ave., Pembroke Pines, FL 33027

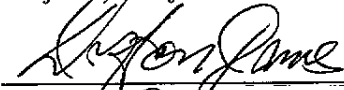
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dafton James 1503 SW 161 Ave., Pembroke Pines, FL 33027

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


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STATE
TALLAHASSEE, FLORIDA



Signature/Registered Agent

1/24/02

Date



Signature/Incorporator

1/24/02

Date