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TO: 18502050381

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 305-0381

From:

Account Name : NATIONAL BUSINESS CENTER, INC.
Account Number : 12000000238
Phone : (305) 591 9448
Fax Number : (954) 753-3447

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JAN 23 AM 7:34

FLORIDA PROFIT CORPORATION OR P.A.

REAL INTERNATIONAL PRODUCTS, CORP

Certificate of Status		
Certified Copy		
Page Count		01
Estimated Charge		\$75.75

FAX AUDIT#: (((H0300025954)))

ARTICLE I TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

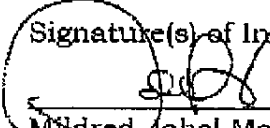
The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are): Mildred Jahel Madera & Ramon Madera whom resides at 5580 NW 107 Avenue #1211, Miami, FL 33178.

ARTICLE VI INCORPORATOR(S)

The names(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are): Mildred Jahel Madera whom resides at 5580 NW 107 Avenue #1211, Miami, FL 33178.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 20 day of January, 2003.

Signature(s) of Incorporator(s)


Mildred Jahel Madera/President/Incorporator
Ramon Madera Vice President

FAX AUDIT: (((H0300025954)))

FAX AUDIT: (((H0 3000 259504)))

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: REAL INTERNATIONAL PRODUCTS, CORP.
2. The name and address of the registered agent and office is:

Mildred Jahel Madera
 5580 NW 107 Avenue #1211
 Miami, Florida 33178

SIGNATURE

TITLE: Registered Agent

Date: 01-20-03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE
 ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS
 CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I
 FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL
 STATUTES RELATIVE TO THE PROPER AND COMPLETE
 PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND
 OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Date: 01-20-03

FAX AUDIT #: (((H03000025357)))

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