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SECRETARY OF STATE  
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this

**TECNICA LEO, INC.**

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ARTICLES OF INCORPORATION  
OF

TECNICA LEO, 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:  
Tecnica Leo, Inc.

The principal place of business of this corporation shall be:  
4655 NW 95 Avenue Miami, FL 33178 Principal Office

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 States, 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 value that this corporation is authorized to have outstanding at any one time is:  
500 shares par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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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) elected, is(are):

Luis Odon  
4655 NW 95 Avenue  
Miami, FL 33178

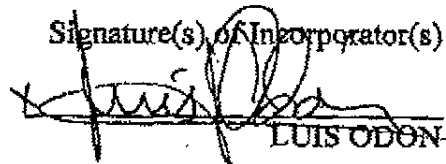
ARTICLES VI INCORPORATOR (S)

The name(s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

LUIS ODON  
4655 NW 95 Avenue Miami, FL. 33178

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 3<sup>rd</sup> day of April 2003.

Signature(s) of Incorporator(s)

  
LUIS ODON

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:

TECNICA LEO, Inc.

2. The name and address of the registered agent and office is:

Luis Odon

4655 NW 95 Avenue

(P.O. BOX NOT ACCEPTABLE)

Miami, FL 33178

(CITY/STATE/ZIP)

SIGNATURE X 

TITLE Owner

DATE 4/3/03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 X 

DATE 4/3/03

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