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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200

MIAMI FL 33135- 33401-6194

CONTACT: RAY STORMONT

PHONE: (305) 541-3694

FAX: (305) 541-3770

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: KASAL INTERNATIONAL, INC.

FAX AUDIT NUMBER: H95000000701

DATE REQUESTED: 01/18/1995

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JAN-18-1995 14146 FROM EMPIRE

TO DIV CORP ELT FI P.09

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**ARTICLES OF INCORPORATION
OF
KASAL INTERNATIONAL, INC.**

I, the undersigned, hereby execute and acknowledge these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

ARTICLE I

NAME AND ADDRESS OF CORPORATION

The name and address of the corporation shall be:
**KASAL INTERNATIONAL, INC., located at 11552 S.W. 3rd Street,
Miami, Florida 33174.**

ARTICLE II

DURATION OF CORPORATION

The corporation shall have a perpetual existence which shall begin on the date of the filing of these Articles of Incorporation with the Department of State.

**ARTICLE III
PURPOSE**

The general purpose for which the corporation is organized includes the transaction of all lawful business for which corporation may be incorporated under this chapter.

Prepared by:
Enrique J. Ventura, Jr., Esq.
Florida Bar No. 794987
28 W. Flagler Street, Suite 500
Miami, Florida 33130
(305) 374-0094

**ENRIQUE J. VENTURA, JR., ESQ.,
FL. BAR NO. 794987
28 W. FLAGLER ST. # 500
MIAMI, FL 33130
(305) 374.0094**

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ARTICLE IV

AUTHORIZED CAPITAL

The corporation shall be authorized to issue 100 shares common stock of \$1.00 par value, for the total authorized capital of \$100.00.

ARTICLE V

PREEMPTIVE RIGHTS

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that which he already holds, shall have the right to purchase his prorata share thereof at the price at which it is offered to others.

ARTICLE VI

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
VERONICA RAMIREZ, 11552 S.W. 3rd Street, Miami, Florida 33174.

ARTICLE VII

DIRECTORS

This corporation shall have one (1) director, initially. The name and street address of the initial member of the Board of Director is:

1. Veronica Ramirez

11552 S.W. 3rd Street,
Miami, Florida 33174.

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Veronica Ramirez
11552 S.W. 3rd Street
Miami, Florida 33174

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Secretary
Veronica Ramirez
11552 S.W. 3rd Street
Miami, Florida 33174

Treasurer
Vernica Ramirez
11552 S.W. 3rd Street
Miami, Florida 33174

VERONICA RAMIREZ

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TO


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TALLAHASSEE FLORIDA

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~~STATE OF FLORIDA~~
STATE OF FLORIDA)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 18th
day of January, 1995, by


Notary Public
State of Florida at Large
Print/Type Name: MONIQUE S. GREGG

My Commission Expires:



MONIQUE S. GREGG
My Commission Expires
Expires Jan 12, 1998
Created by H&H
888-888-1000

ACKNOWLEDGMENT

Having been designated to accept service of process for the
above named corporation, at the place designated in this
Certificate, and agree to comply with the provisions of the Florida
Laws relating to keeping open said office.

Veronica Ramirez
Veronica Ramirez, Registered Agent

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FL STATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004953 (2)

1. Corporation Name

KASAL INTERNATIONAL, INC.

Principal Place of Business

11552 SW 3RD STREET
MIAMI FL 33174

Mailing Address

11552 SW 3RD STREET
MIAMI FL 33174

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SECRETARY OF STATE
TALLAHASSEE

REINSTATEMENT 1996

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3. Date Incorporated or Qualified 01/19/1985 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0552543

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

RAMIREZ, VERONICA
11552 SW 3RD STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Veronica Ramirez VERONICA RAMIREZ

11-5-96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	RAMIREZ, VERONICA	11552 SW 3RD STREET	MIAMI FL 33174	<input type="checkbox"/>
D	RAMIREZ, VERONICA	11552 SW 3RD STREET	MIAMI FL 33174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Veronica Ramirez

11-5-96 553-0793

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date Daytime Phone

CR2034 (3/96)