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TRANSMITTAL LETTER

900001584879
09/14/95-01033-007
****122.50 ****122.50

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

SUBJECT: DE MIAMI WHOLESALE DISTRIBUTORS,INC
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for $_____.

FROM: DE MIAMI WHOLESALE DISTRIBUTOR S,INC
Name (printed or typed)

8201 NW 64 ST #4
Address

MIAMI, FL 33166
City, State, & Zip

(305) 499-9560
Telephone Number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 14 PM 1:38

Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

DE MIAMI WHOLESALE DISTRIBUTORS, INC.

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

ARTICLE I NAME

The name of the corporation shall be: DE MIAMI WHOLESALE DISTRIBUTORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8201 NW 64 ST #4
MIAMI, FL 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES @ $1.00 PAR VALUE

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDUARDO MARQUEZ
8201 NW 64 ST #4
MIAMI, FL 33166

ARTICLE V INCORPORATOR(S)

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

EDUARDO MARQUEZ PRESIDENT
3820 NW 63 AVE
VIRGINIA GARDENS, FL 33166

MILAGROS SOLIS VICE_PRESIDENT
3820 NW 63 AVE
VIRGINIA GARDENS, FL 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

6th day of September, 19 95.

Signature

Signature

Signature

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Articles of Incorporation
Filing Fee - $35

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: DE MIAMI WHOLESALE DISTRIBUTORS, INC.

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

EDUARDO MARQUEZ
(NAME)

8201 NW 64 ST #4
(P.O. BOX NOT ACCEPTABLE)

MIAMI,FL 33166
(CITY/STATE/ZIP)

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____