PUBLIC ALUES SYSTEM ELECTRONIC FILING COVER SHEW 9400000005261))) FROM: FAB-T CORP. AGENTS, INC. DIVISION OF CORPORATIONS 8405 NW 53RD BT DEPARTMENT OF STATE SUITE C-100 STATE OF FLORIDA 9-0000 MIAMI FL 33166-409 EAST GAINES STREET FERNANDEZ CONTACT: LIDIA TALLAHASSEE, FL 32399 PHONE: (305) 599-0839 FAX: (904) 922-4000 FAX: (305) 592-9591 FLORIDA PROFIT CORPORATION OR P.A. DOCUMENT TYPE: (((H96000000261))) NAME: HELADERIA PIONBINO CORPORATION CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H96000000261 TIME REQUESTED: 13:02:10 DATE REQUESTED: 01/05/1996 CERTIFICATE OF STATUS: 0 CERTIFIED COPIES: 1 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 3 ACCOUNT NUMBER: 071001002335 ESTIMATED CHARGE: \$122,50 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000000261))) ** ENTER 'M' FOR MENU. **

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ARTICLE OF INCORPORATION

HELADERIA PIONBINO CORPORACION

PIONBINO ICE CREAM PLACE CORPORATION (English Transl.)

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

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The name of the corporation shall be:

HELADERIA PIONBINO CORPORACION

The principal place of business of this corporation shall have a

692 W. 29 St. # 9 Hialeah, Fl.33012

ARTICLE II MATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Plorida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times 10.00 = 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Basic Accounting Service Inc. 692 West 29th St., Suite 9 Hialeah, Fl 33012 (305) 887 4185

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ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(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):

Eugenio Julio Guidi DIRECTOR

Manuel Alberti 770 S.M. de Tuc., Provincia Tucuman, Argentina (4000)

c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah, Fl. 33012

Jose Maria Guidi DIRECTOR

Manuel Alberti 770 S.M. de Tuc., Provincia Tucuman, Argentina (4000)

C/o Hentor J. Hall , 692 W. 29 St. # 9 Hialeah, Fl. 33012

ARTICLE VI INCORPORATOR (S)

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

Eugenio Julio Guidi President (50 shares)
Manuel Alberti 770 S.M. de Tuc., Provincia Tucuman, Argentina (4000)
c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah, F1.33012

Jose Maria Guidi Secretary & Treasurer (50 shares)
Manuel Alberti 770 S.M. de Tuc., Provincia Tucuman, Argentina (4000)
c/o Hector J. Hall 692 W. 29 St. # 9 Hialeah, Fl. 33012

The undersigned has (have) executed these Article of Incorporation this 5 th. day of January 19 96.

Signature/Title

Signature/Title

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.

	HELADERIA PIONBINO CORPORACION	
The name	and address of the registered agent and	ottice ≥∺
Ls	Nicolas Garcia	_ 문화_
	(Name)	
	692 W. 29 St. # 9	ARY C SSEE
	(P. O. BOX HOT ACCEPTABLE)	F-S
	Hialeah, Fl.33012	TATI ORID

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SHRVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE 1-5-96
DATE