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(((H90000004540))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: J.R.J. ENTERPRISES INC.
FAX AUDIT NUMBER: H90000004540 CURRENT STATUS: REQUESTED
DATE REQUESTED: 03/29/1998 TIME REQUESTED: 10:40:14
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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*Name Sam
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to 10/1/98*



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

April 1, 1998

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: J.R.J. ENTERPRISES INC. ***OR*** JRJ ENTERPRISES INC.
REF: W96000006902

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The corporate name must be identical throughout the document.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

PLEASE CORRECT THE R.A. ADDRESS LISTED IN ARTICLE IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H96000004540
Letter Number: 496AD0014682



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 5, 1996

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: J.R.J. ENTERPRISES INC.
REF: W96000006902

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Please accept our apology for failing to mention this in our previous letter.

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H96000004540
Letter Number: 496A00014682

Prepared by:
Alex Arreaza, Esq.
1850 S.W. 8th St. #409B
Miami, FL 33135
(305) 49.8080
FBN. 0001783

ARTICLES OF INCORPORATION
OF
S.R.J. ENTERPRISES INC.

④

ARTICLE ONE
NAME

The name of this corporation:

S.R.J. ENTERPRISES INC.

ARTICLE TWO
PRINCIPLE ADDRESS

The principle address of the Corporation is:

2381 N.W. 52CT.
FORT LAUD, FLORIDA. 33309

ARTICLE THREE
CAPITAL STOCK

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

One hundred shares
Par None

ARTICLE FOUR
INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ALEX ARREAZA ESQ 1850 S.W. 8TH ST MIAMI, FL. 33135.
Suite 409B

SECRET
FALL 1993
STATE
TALLAHASSEE

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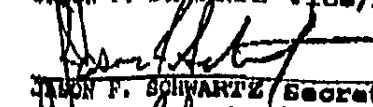

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**ARTICLE FIVE
INCORPORATOR**

The name and address of the incorporator to these Articles of incorporation is:

JASON F. SCHWARTZ 2301 N.W. 520T, FORT LAUD, FL. 33309

THE UNDERSIGNED HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS
7 DAY OF March 1996.


JASON F. SCHWARTZ Pres.

JASON F. SCHWARTZ Vice/Pres

JASON F. SCHWARTZ Secretary

JASON F. SCHWARTZ Treasury

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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:

G.R.J. ENTERPRISES INC.

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

ALEX F. ARREAZA 1850 B.W. 8TH ST/MIAMI, FL. 33135.

SIGNATURE

(Signature)
(corporate officer)

TITLE

(Signature)
President

DATE

March 7, 1996

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 COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

(Signature)

DATE

March 7, 1996

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