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7/29/96

FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS

FROM: FAB-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

TALLAHASSEE, FL 32399

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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: INTERNATIONAL TWIST, INC.

FAX AUDIT NUMBER: H96000010455

CURRENT STATUS: REQUESTED

DATE REQUESTED: 07/29/1996

TIME REQUESTED: 12:38:32

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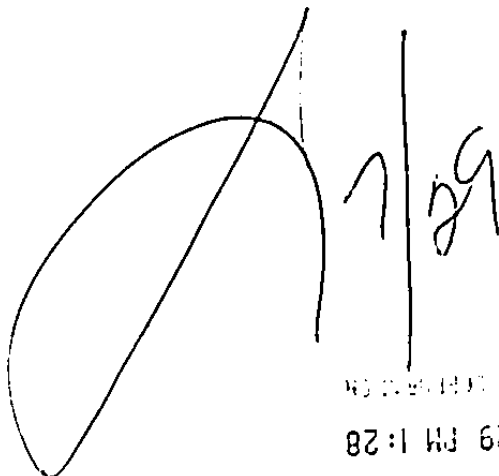
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** ENTER 'M' FOR MENU. **

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96 JUL 29 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NO CHARGE TO USER

96 JUL 29 PM 1:28

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**CERTIFICATE OF INCORPORATION
OF
INTERNATIONAL TWIST, INC.**

I, the undersigned, in order to form a corporation under a pursuant to the provisions of the Laws of the State of Florida for the purposes hereafter set forth, hereby subscribe to this Certificate of Incorporation.

**ARTICLE I
NAME OF CORPORATION**

The name of the proposed corporation shall be:

INTERNATIONAL TWIST, INC.

**ARTICLE II
NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation shall be any activity permitted under the laws of the United States and the State of Florida.

**ARTICLE III
CAPITAL STOCK**

The maximum number of shares of stock that the corporation is authorized to have outstanding at any one time is: 500 shares at no par value.

Prepared by:
Carlos Morales
14771 SW 173th St.
Miami, Fl. 33187
Phone 305-2534078

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96 JUL 29 PM 3 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV
TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V
PRINCIPAL PLACE OF BUSINESS

The initial street address in this state of the principal office of this corporation is 14771 SW 173th St, Miami, Fl. 33187. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE VI
DIRECTORS

This corporation shall have initially two (2) director(s). The number of director(s) may increased or diminished from time to time by-laws adopted by the stockholders.

ARTICLE VII
INITIAL DIRECTORS

The name and street of the member(s) of the first Board of Director(s) is:

President

Carlos Morales

14771 SW 173 St.
Miami, Fl. 33187

Vice-President

Treasurer-Secretary

Ana Luz Rodriguez

14771 SW 173 St.
Miami, Fl. 33187

ARTICLE VIII

INCORPORATOR

The name and street address of the person signing these Articles of Incorporation as the incorporator is **Carlos Morales, 14771 S.W. 173th St., Miami Fl. 33187.**

**ARTICLE IX
REGISTERED AGENT**

The initial designation of the registered office of this corporation shall be **14771 S.W. 173th St. Miami, Fl. 33187.**

And the registered agent shall be

Carlos Morales

Pursuant to Florida Statutes Section 607.164, having been named to accept process for the above stated corporation, at the place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: _____

Registered Agent

**ARTICLE X
AMENDMENT**

This Corporation reserves the right to amend any provision of this articles of Incorporation in the manner provided by law. Any rights conferred upon shareholders shall be subject to this reservation.


IN WITNESS WHEREOF, The undersigned has executed, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida this July 26, 1996.

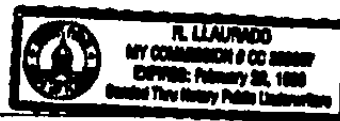


Incorporator

(STATE OF FLORIDA)
(COUNTY OF DADE)

BEFORE ME, A Notary Public, personally appeared , the incorporator herein, who, executed the foregoing Articles of incorporation and stated on oath that the contents thereof are true and correct, this July 26, 1996.

My commissions expires: 



H96000010455

**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 **INTERNATIONAL TWIST, INC.**
2. The name and address of the registered agent and office is: **CARLOS MORALES 14771 SW 173 ST., Miami, FL. 33187.**

SIGNATURE: _____

President

TITLE: _____

July 26, 1996

DATE: _____

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 AGREED TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

DATE: _____

7-26-96

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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