

P96000076700

TRANSMITTAL LETTER

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

700001947347
-09/16/96--01005--006
***131.25 ***131.25

SUBJECT: ISLAND CUISINE, INC.
(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75 \$122.50 \$131.25

FROM: BARBARA H. WRIGHT
Name (printed or typed)

1927 WASHINGTON AVENUE
Address

OPA LOCKA, FL 33054
City, State & Zip

(305) 687-1102
Daytime Telephone Number

FILED
95 SEP 13 PM 1:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AL SEP 16 1996

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF
ISLAND CUISINE, INC.

FILED
26 SEP 13 PM 1:54
STATE
FLORIDA

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation shall be:

ISLAND CUISINE, INC.

ARTICLE II - NATURE OF BUSINESS

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

ARTICLE III - PRINCIPAL OFFICE

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

1927 WASHINGTON AVENUE
OPA LOCKA, FL 33054

ARTICLE IV - CAPITAL STOCK

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

500 (Five Hundred)

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent of this corporation is:

Barbara H. Wright
1927 Washington Avenue
Opa Locka, FL 33054

The address of the corporate
office is:
1927 Washington Avenue
Opa Locka, FL 33054

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of the corporation are as follows:

Name--BARBARA H. WRIGHT--
Address--1927 WASHINGTON AVENUE--
City--OPA LOCKA----State--FLORIDA----Zip--33054--
Name--
Address--
City-----State-----Zip--
Name--
Address--
City-----State-----Zip--

ARTICLE VII - INCORPORATORS

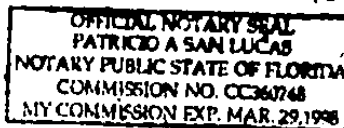
The name(s) and address(es) of the person(s) signing these Articles of Incorporation are as follows:

Name---BARBARA H. WRIGHT---
Address--1927 WASHINGTON AVENUE--
City--OPA LOCKA----State--FLORIDA----Zip--33054--
Name--
Address--
City-----State-----Zip--
Name--
Address--
City-----State-----Zip--

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 10th day of September 1976

+ Barbara H. Wright (Seal)
(Seal)
(Seal)

STATE OF FLORIDA)
COUNTY OF Broward)



Handwritten signature of Patricia A. San Lucas.

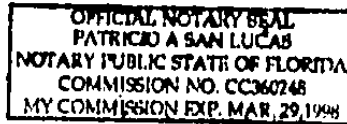
BEFORE ME, Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

BARBARA WRIGHT

Known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that Barbara Wright executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 14th day of September 1976.

(Notary Seal)



Patricia A. San Lucas

Notary Public, State of Florida at Large
My commission expires:

FILED

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA
STATUTE, 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: ISLAND CUISINE, INC.

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

BARBARA H. WRIGHT
(Name)

1927 WASHINGTON AVENUE
(PO Box not acceptable)

OPA LOCKA, FL 33054
(City/State/Zip)

3. The address of the corporate office is:
1927 Washington Avenue
Opa Locka, FL 33054

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
proper and complete performance of my duties, and I am familiar
with and accept the obligations of my position as registered
agent.

Barbara H. Wright
(Signature)

9/10/96