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O: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

ROM: EMPIRE CORPORATE KIT COMPANY

ACCIN: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

AME: FIORI CORP. EXPLES, COLP AUDIT NUMBER H96000014315

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Outober 11, 1996

EMPIRE CORPOATE KIT COMPANY

SUBJECT: FIORI CORP. REF: W96000021558

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOBS NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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Dana Calloway Document Specialist FAX Aud. #: H96000014315 Letter Number: 296A00046347

ARTICLE OF INCORPORATION

H96000014315

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do herby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is FIORI EXPRESS, CORP.

ARTICLE TWO .

The duration of the corporation is perpetual.

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ARTICLE THREE

The general purpose for which the corporation is organized are:

1.- To engage in the business of product assembly.

- 2.- To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
- 3.- To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

PREPARED BY:
LASHLAND INSURANCE AGY, INC
LOOS NW 57th Avenue
LMAmi , FLORIDA 33126
L(305) 262-4053
LMIGUEL E. TURBAY

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ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$5.00 par value.

ARTICLE FIVE

The corporation is authorized to issue only one class of stock and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The street address of the initial business office of the corporation is 5900 West 20th Avenue, Suite C

Hialcah, Pl 33016 and the name of its initial registered agent is Ismael J. Eguren.

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ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is one. The name and address of each person who is to serve as a member of the initial board of directors is:

NAME

ISMAEL J. EGUREN

ADDRESS

5900 West 20th Avenue Suite C Wialesh, FL 33016

ARTICLE NINE

A unanimous vote of directors for effective directors action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME

ISMAEL J. EGUREN

ADDRESS

5900 West 20th Avenue

Suite C

Hialeah, Fl 33016

Executed by t	he undersigned at	MIAMI, FLORIDA
on October 7	, 19 96 .	H 96 00 00 1 4 3 1 5

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THE STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is ubmitted, in compliance with said Act:	ロニ
First-That FIORI EXPRESS CORP (NAME OF CORPORATION)	1
emiring to organize under the laws of the State of FLORIDA O	
ith its principal office, as indicated in the articles of neorporation at City of (CITY)	
F DADE ,State of FLORIDA (STATE)	
as named ISMAEL J. EGUREN (NAME OF RESIDENT AGENT)	
OCATED AL STREET ADDRESS AND NUMBER OF BUILDING, POST OFFICE BOX ADDRESS NOT ACCEPTABLE)	
eity of FLORIDA , County of DADE (COUNTRY)	
state of Florida, as its agent to accept service of process within this state.	
ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)	
Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office. SIGNATURE REGISTERED AGENT AND INCORPORATOR	ر

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