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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: FAB-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

PHONE: (305)599-0839

FAX #: (305)716-0346

NAME: C.B.A.S. SEAFOOD, INC.

AUDIT NUMBER..... H97000001909

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

CERT. OF STATUS. . 0

PAGES..... 3 DEL.METHOD.. FAX

CERT. COPIES.....1

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Fax: 305-887-7017

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ARTICLES OF INCORPORATION

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SECKELLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

C.B.A.S. SEAFOOD, INC.

ARTICLE II PRINCIPAL OFFICE

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

1438 SOUTH MIAMI AVENUE MIAMI, FL 33130

ARTICLE III SHARES

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

ONE HUNDRED SHARES ONE DOLLAR PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS COLON 1438 SOUTH MIAMI AVE. MIAMI, PL 33130

Prepared by: Pedro M. Ramow. C.P.A., P.A. 594 E Bth Gt., Suite A&S Hisleah, Ft 33010

Fax: 305-887-7017

article v

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INCORPORATOR (8)

See instructions for officers / directors The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): LUIS COLON

has(have) executed these Articles day of
has(have) executed these Articles
-0
mature

Motarisation is not required

Signature

MOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

NO.159

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Fax: 305-887-7017

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, PLORIDA 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.

The name of the corporation is:

C.B.A.S. SEAFOOD, INC.

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

LUIS COLON

(Name)

1438 SOUTH MIANI AVE.

(P.O. Box or Mail Drop NOT acceptable)

MIAMI, PL 33130

(City / State / Zip)

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 accent the obligations of my notition as familiar with and accept the obligations of my position as registered agent

01/27/97

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSES, PL 32314