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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

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

PAX #: (305)541-3770

NAME: SEAMEN EXPRESS DELIVERIES INC.

AUDIT NUMBER...... H97000010816

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

CERT. OF STATUS...0

PAGES..... 4

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 1, 1997

EMPIRE

SUBJECT: SEAMEN EXPRESS DELIVERIES INC.

REF: W97000015275

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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 (850) 487-6931.

Becky McKnight Document Specialist FAX Aud. #: H97000010816 Letter Number: 797A00034508

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EMPIRE CORPORATE KIT

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ARTICLES OF INCORPORATION

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QE

SEAMEN EXPRESS DELIVERIES INC.

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

ARTICLE! NAME

The name of the corporation shall be: SEAHEN EXPRESS DELIVERIES INC.

The principal place of business of this corporation shall be: 325 NE 129th Street
North Miami, Florida 33169

ARTICLE II NATURE OF BUSINESS

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

Honey Transfers & Deliveries

ARTICLE III CAPITAL STOCK

The aggregate number of shares of slock and its par value that this corporation is authorized to have outstanding at any one time is: .100 Shares (\$1.00) Par Value \$100.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are):

MR. RAFAEL CHON , PRESIDENT

325 NE 129th Street North Minmi, Florida 33169

MRS. DAISY CHOW, VICE PRES.

325 NE 129th Street North Himmi, Florida 33169

PREPARED BY: Mr. Diego N. Alvado Accountant (305) 685-3623

980 N.W. 135th Street North Hiami, Florida 33168

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ARTICLE VI INCORPORATOR(8)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(ere):

MR. RAPAEL CHOW , PRESIDENT

325 NE 129th Street North Miami, Plorida 33169

MRS. DAISY CHOW , VICE PRESIDENT

325 NE 129th Street North Miami, Florida 33169

IN WITNESS WHEREOF, the undersigned incorporator(s) has(heve) executed these Articles of incorporation this. FIRST day of JULY 19 97

STATE OF __FLORIDA

COUNTY OF DADE

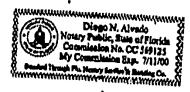
THE FOREGOING instrument was acknowledged and swom to before me this FIRST day of __JULY__, 1997, by __MR...RABAEL.CHOM % MRSL.EDAIST.CHOW

Of __SEAMEN EXPRESS DELIVERIES INC.

[Page 18 Corporation]

My Contribution Explans: 7/1/94

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EMPTRE CORPORATE KIT

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H 97000010816. REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutos, 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: SEAMEN EXPRESS DELIVERIES INC.

| | | - 50 4 |
|----|-------------------------------------------------------------|-------------------|
| 2. | The name and address of the registered agent and office is: | |
| | 325 NE 129th STREET, NORTH MIAMI, PLORIDA 33169 | _ [|
| | Rafael Chow | ည်း ထ |
| | (P. O. BOX NOT ACCEPTABLE) | to co |
| | (CITY/STATE/ZIP) SIGNATURE Y Cafael (Cofporate Office | |
| | TITLE PRESIDENT | |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 807.325 FLORIDA STATUTES.

DATE_

SIGNATURE F

(Registered Agent)

OATE ____

JULY 1, 1997

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