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TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
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NAME: CAMM TRANSPORT, INC.

AUDIT NUMBER.....H97000011748

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

CERT. OF STATUS..0

PAGES..... 3

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR

CAMM TRANSPORT, INC.

NAME

The name of the corporation is CAMM, INC.

PRINCIPAL OFFICE

The principal office of the corporation is 741 Southwest 70th Way, North Lauderdale, Florida 33068.

NUMBER OF SHARES

The number of shares the corporation is authorized to issue is Five Hundred (500) shares with a par value of \$1.00 each.

INITIAL BOARD OF DIRECTORS

The incorporator shall hold an organizational meeting at the call of the majority of the incorporators to elect directors and complete the organization of the corporation, or may take such action without a meeting in writing as provided by law.

PREEMPTIVE RIGHTS

The Shareholders shall have the preemptive right to purchase unissued shares of the corporation.

These Articles Prepared By:

Kevin M. Unger, Esquire
Suite 101
1801 N. Pine Island Road
Plantation, FL 33322
(352) 452-8550
Fla Bar No. 0000349

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INCORPORATOR

The name and address of the Incorporator is **MANUEL GUADARRAMA**, 741 Southwest 70th Way, North Lauderdale, Florida 33088.

REGISTERED OFFICE AND AGENT

The street address of the Incorporator's initial registered office and the name of its initial registered agent is **MANUEL GUADARRAMA**, 741 Southwest 70th Way, North Lauderdale, Florida 33088.

ACCEPTANCE

The undersigned does hereby accept his appointment as registered agent as set forth above.


MANUEL GUADARRAMA

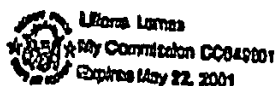
In witness whereof, the undersigned incorporator has hereunto set his hand and seal on this _____ day of July 1997


MANUEL GUADARRAMA

STATE OF FLORIDA
COUNTY OF BROWARD

I CERTIFY that on this day before me, an officer duly authorized in the State of aforesaid and the county aforesaid to take acknowledgments, personally appeared Manuel Guadarrama who is personally known to me or who produced FLD. #6365-540-671220 as identification and who executed the foregoing instrument.

Witness my hand and seal this 17 day of July 1997



My Commission Expires:


Notary Public

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STATE
OF
FLORIDA

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