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TRANSMITTAL LETTER

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

FILED
97 JUL 18 AM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CHOCO PACK INC
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 70.00.

FROM: KARIN ROHRET
5290 SEMINOLE BLVD. SUITE F
ST PETERSBURG, FL 33708
(813) 393 - 0718
Telephone Number

400002241624--8
-07/18/97--01089--004
*****70.00 *****70.00

: /AL JUL 21 1997

Note: Please provide the original and one copy of the Articles.

FILED

97 JUL 18 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
CHOCO PACK INC

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:

CHOCO PACK INC

ARTICLE II PRINCIPAL OFFICE

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

5290 SEMINOLE BLVD, SUITE E
ST PETERSBURG, FL 33708

ARTICLE III SHARES

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

1,160 COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KARIN ROHRET
5290 SEMINOLE BLVD., SUITE F
ST PETERSBURG, FL 33708

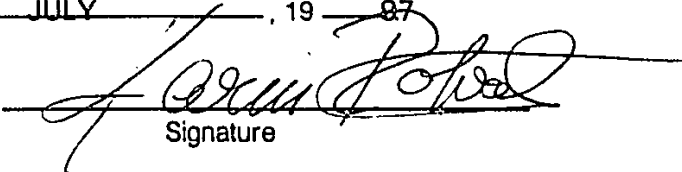
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KARIN ROHRET
5290 SEMINOLE BLVD, SUITE E
ST PETERSBURG, FL 33708

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16TH day of JULY, 19 87


Signature

Signature

Signature

FILED

97 JUL 18 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida 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.

1. The name of the corporation is: _____

CHOCO PACK INC

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

KARIN ROHRET

(NAME)

5290 SEMINOLE BLVD., SUITE F

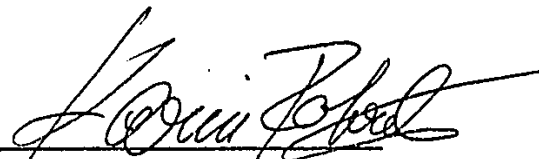
(P.O. BOX NOT ACCEPTABLE)

ST PETERSBURG, FL 33708

(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 ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

7/16/97