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

FAX #: (305)541-3770

NAME: METROPOLITAN WHOLESALE GROCERS, INC.

AUDIT NUMBER...... H97000015837

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

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September 24, 1997

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restion on the

ARTICLES OF INCORPORATION OF

METROPOLITAN WHOLE SALE GROCERS, INC.

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

ARTICLE I NAME

The name of the corporation shall be:

METROPOLITAN WHOLK SALE GROCERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: Soute 305

1550 N.E. MIANI CARDENS DRIVE NURTH MIANI BEACH, FLA. 33179

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000,000 shares of common stoc

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GENE S. ROSEN, ESQ.

LSSO NIE. MIANI CHROENS DRIVE NORTH MIANI BEACH, FLA. 33179 ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

GENE S. ROSEN

SUITE 305 1550 N.E. MIANI GARDENS DRIVE

NORTH MANI BEACH, FLA. 33179

The undersigned has executed these Articles of Incorporation this

CENE & Rosen, Incorporator

Prepared By:
GENE S. ROSEN
Suite 305
1550 N.E. Miami Gardens Drive
North Miami Beach, Florida 33179
Florida Bar #175752
Telephone: 949-2113

H97000015837

EMPTRE CORPORATE KIT

P.04/04

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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:
	METRO POLCTAN WHOLESALE GROCERS, INC.
2.	The name and address of the registered agent and office is:
	GENE S. ROSEN (NAME)
	SUITE 305 1550 N.E. MIANI CARDENS DIRUE (P.O. BOX NOT ACCEPTABLE)
	NORTH MAN BEACH FLA. 33179 (CITY/STATE/ZIP)
	SIGNATURE Corporate (Corporate Officer)
	TITLE VICE - PRESIDENT
	DATE SEPTENBER 24, 1997
PROTHI AGE WIT	VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF OCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED ENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY IN THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE REFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE LIGATIONS OF MY POSITION AS REGISTERED AGENT.
	DATE SEPTIMENT SEP 22
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