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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

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NAME: SOLIS DESIGNS, INC.

AUDIT NUMBER.....H9700020611

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

CERT. OF STATUS..1

PAGES..... 3

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 15, 1997

FAS-T CORP. AGENTS, INC.

SUBJECT: SOLIS DESIGNS, INC.
REF: W97000027948

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.

Please list the street address of each officer/director. If the officer/director does not have a street address, list a P.O. Box and write (N/A) beside the box number.

If you have any further questions concerning your document, please call (850) 487-6925.

Barbara Brock
Document Specialist

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Letter Number: 997A00058948

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

of
SOLIS DESIGNS , INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I- CORPORATE NAME

The name of the corporation is:

SOLIS DESIGNS , INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida Law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares(500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME PABLO SOLIS
ADDRESS 1631 WOODBRIDGE LAKES CIR.
CITY WEST PALM BEACH FLORIDA ZIP 33406

The principal office, if known, or the mailing address of the corporation is:

NAME SOLIS DESIGNS, INC.
ADDRESS P.O. BOX 7103
CITY WEST PALM BEACH FLORIDA ZIP 33405-7103

Prepared by: MIQUEL ACCOUNTING SERVICE
1695 Florida Mango Road
Suite 03
West Palm Beach, Florida 33406
(561) 965-0998

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follow:

NAME Pablo Solis
 ADDRESS SOLIS DESIGNS, INC.
 CITY 1631 WOODBRIDGE LAKES CIR.
WEST PALM BEACH STATE FLORIDA ZIP 33406

NAME _____
 ADDRESS _____
 CITY _____ STATE FLORIDA ZIP 334

NAME _____
 ADDRESS _____
 CITY _____ STATE FLORIDA ZIP 334

NAME _____
 ADDRESS _____
 CITY _____ STATE FLORIDA ZIP 334

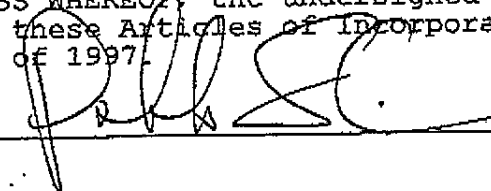
ARTICLE VII - INCORPORATORS

The names and addresses of the incorporates signing these Articles of Incorporation are as follows:

NAME PABLO SOLIS
 ADDRESS 1631 WOODBRIDGE LAKES CIR.
 CITY WEST PALM BEACH STATE FLORIDA ZIP 33406

NAME _____
 ADDRESS _____
 CITY _____ STATE FLORIDA ZIP 334

IN WITNESS WHEREOF, the undersigned and subscriber(s) have executed these Articles of Incorporation this 15TH DAY OF December of 1997.

 (Seal)

_____ (Seal)

_____ (Seal)

_____ (Seal)

H97000020611

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

SOLIS DESIGNS , INC.
(Name of Corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

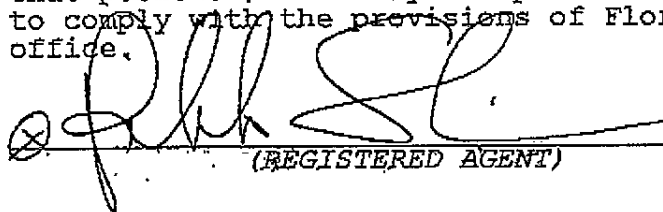
at SOLIS DESIGNS , INC.
P.O. BOX 7103
WEST PALM BEACH, FLORIDA ZIP CODE 33405-7103

has named PABLO SOLIS

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


(REGISTERED AGENT)

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MOORE ACCOUNTING SERVICE
1695 HIGHWAY 1
West Palm beach, FL 33406

561-965-0998
642-8409

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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