

P97000107919

3:54 PM

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000021153 6))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072450003255

FAX #: (305)541-3770

NAME: FAIMEX INCORPORATED.

AUDIT NUMBER.....H97000021153

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

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....1

DEL.METHOD.. FAX

EST.CHARGE.. \$122.50

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

Help F1 Option Menu F2

NUM

Connect: 00:37:44

FILED
97DEC 24 PM 1:13
SEC. OF STATE
TALLAHASSEE, FLORIDA

12/24/97

ARTICLES OF INCORPORATION

H97000021153

OF

FAIMEX INCORPORATED.

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 I NAME

The name of the corporation shall be: FAIMEX INCORPORATED.

The principal place of business of this corporation shall be: c/o Diego N. Alvado
980 N.W. 135th Street
North Miami, FL 33168

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. EXPORT & IMPORT

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock 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 U.S. Dollars.

FILED
97 DEC 24 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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) elected, is(are):

MR. RAFAEL T. FAJARDO, President. 980 N.W. 135th Street, North Miami
Florida 33168

MRS. GLENDA M. SANTAELLA, Treasurer 980 N.W. 135th Street, North Miami
Florida 33168

Mr. PHILIP G. VAN DYKE, VICE-PRESIDENT 980 N.W. 135th Street, North Miami
Florida 33168

Prepared by:

MR. DIEGO N. ALVADO, ACCOUNTANT
(305) 685-3623

980 N.W. 135th STREET, North Miami
FLORIDA 33168

H97000021153

H97000021153

ARTICLE VI INCORPORATOR(S)

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

MR. RAFAEL T. FAJARDO, PRESIDENT

980 N.W. 135th Street
NORTH MIAMI, FLORIDA 33168

MR. PHILIP G. VAN DYKE, VICE PRESIDENT

980 N.W. 135th STREET
NORTH MIAMI, FLORIDA 33168

MRS. GLENDA M. SANTAELLA, TREASURER.

980 N.W. 135th STREET
NORTH MIAMI, FL 33168

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19 day of SEPTEMBER, 1997.

Signature(s) of Incorporator(s)

Rafael Fajardo
Glenda M. Santaella
Philip G. Van Dyke

STATE OF FLORIDA

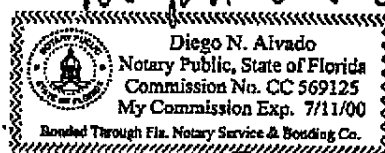
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 19th day of SEPTEMBER, 1997, by MR. RAFAEL T. FAJARDO, PRESIDENT.

of FAIMEX INCORPORATED.

(Name of Corporation)

Notary Public



My Commission Expires: _____

H97000021153

497000021153

**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: FAIMEX INCORPORATED.

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

RAFAEL T. FAJARDO

980 N.W. 135th STREET.

(P. O. BOX NOT ACCEPTABLE)

NORTH MIAMI, FLORIDA 33168

(CITY/STATE/ZIP)

SIGNATURE

Rafael Fajardo
(Corporate Officer)

TITLE PRESIDENT.

DATE SEPTEMBER 19, 1997

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 607.325 FLORIDA STATUTES.

SIGNATURE

Rafael Fajardo
(Registered Agent)

DATE SEPTEMBER 19, 1997

497000021153