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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Docu	ment #)
2	(Corporation Name)	(Docu	ment #)
3	(Corporation Name)	(Docu	ment #)
4	(Corporation Name)	(Docu	ment #)
Walk in	Pick up time		Certified Copy
Mail out	Will wait	Photocopy	Certificate of Status

7/40) (ii) (ii) 1/200 (ii)	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/ Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

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REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
 Reinstatement
Trademark
Other

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Examiner's Initials	
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ARTICLES OF INCORPORATION

OF

COMPONIAX 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 1 NAME

The name of the corporation shall be:

COMPOMAX INC.

ARTICLE II PRINCIPAL OFFICE

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

4900 N.W. 25° TERRACE FIT-LAUDERDALE FIL. 33309

ARTICLE III SHARES

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

1000 ShARES OF \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JEAN-PAUL LAUZIER 4900 N.W. IS TERRACE Fit-FAU DERDALE FL 33309

ARTICLE V INCORPORATOR(S)

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

PIERRE VIGNEAULT 4900 N.W. 25 CTERRACE FIT LAUDER DALE FL. 33309

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

2 day of MARCH 1998.

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Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: CompoMAX INC.

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

JEAN-PAUL LAUZIER
(Name)
4900 N. W. 25e TERRACE (P.O. Box not acceptable)
(P.O. Box not acceptable)
FIT - LAUDERDALE FL. 33309
(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.

Leun Paul Laugier 3/2/98
(Signature)