TRANSMITTAL LETTER

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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FILED 1: 32
BMAR 12 PM 1: 32
TALLAHASSEE, FLORIDA

				32
SUBJECT:ALLIAN	CE EXIMPORT G	ROUP INC. ame - must include suf	ffix)	
		4	-83. ***	:24558715 /12/3801104021 :*131.25 ****131.25
Enclosed is an original	l and one (1) co	py of the articles o	f incorporation a	nd a check
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	XX \$131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:	WALTER ADOLI	FO SILES		
r nom.	Name (printed or typed)			
	601 N.E 52nd ST.			
	<u> </u>	Address		
	MIAMI FL.		<u> </u>	
	C:	h, Stata & Zin	•	

F. CHESSER MAR 1 3 1998

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(305) 751 5052

ARTICLES OF INCORPORATION

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:

ALLIANCE EXIMPORT GROUP INC.

R 12 PM

ARTICLE II PRINCIPAL OFFICE

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

601 N.E 52nd ST. MIAMI FL. 33137

ARTICLE III SHARES

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

1.000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WALTER ADOLFO SILES

601 N.E 52nd ST MIAMI FL. 33137

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

WALTER ADOLFO SILES

601 N.E 52nd ST MIAMI FL. 33137

The undersigned incorporator(s)	nas(have) executed these Articles of Incorporation this
10th day of MARCH	, 1998
	Killy
	Signature
	Signature
	Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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 nan	ne of the corporation is:	_ALLTANCE_EXIMPO	RT GROUP INC.		
2. The nar	ne and address of the regist	ered agent and office is:			
	WALTER ADO	LFO SILES (NAME)	TALLAH	98 MAR	Ti
-	`	x or Mail Drop Box NOT ACCE	PTABLE) FLO	12 PM II	
	MIAMI FL.3	3137 (CITY/STATE/ZIP)		** 33	

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.

3.10.1998 (SIGNATURE) (DATE)