SUITE 300 901 SOUTH FEDERAL HIGHWAY FORT LAUDERDALE, FLORIDA 33316

EVAN M. KLEIMAN ALSO ADMITTED FEDERAL BAR

May 26, 1998

TELEPHONE (954) 987-7005 TELEFAX (954) 463-6759

State of Florida Secretary of State, Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

400002540394--6 -05/29/98--01021--010 ****612.50 ****122.50

Re: Proposed Corporations: Beauty Express Corporation,
Sachie Beauty Corporation, Alex and Sol Corporation,
MS Care Corporation, Lights Seeds Corporation.

Dear Sir/Madam:

I have enclosed the Articles of Incorporation and Certificate of Registered Agent in regard to the above entities along with a check for filing fees in the amount of \$612.50.

I have also included a copy of the Articles and a self-addressed stamped envelope. Once the original Articles have been filed, please return the conformed copies in the envelope provided.

Thank you.

Respectfully submitted, EVAN M. KLEIMAN, P.A.

Enc: as noted

SECRETARY OF STATE ON OF CORPORATIONS
98 MAY 29 PM 2: 12



CERTIFICATE OF INCORPORATION

- Of -

MS CARE CORPORATION

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the said State of Florida.

ARTICLE I

The name of this corporation shall be: MS CARE CORPORATION

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED DOLLARS (\$500.00).

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

1001 BRICKELL BAY DRIVE

A/O CLAUDIA MARTINEZ - ACCOUNT MANAGER

PINE BANK - LOBBY LEVEL

MIAMI, FL 33131

ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this Corporation are as follows:

MADALENA K. OKADA

R. CARLOS MARIA PAOLLERA, 87

SÃO PAULO - SP

04150-040

BRAZIL

SUZANA K. OKADA

R. CARLOS MARIA PAOLLERA, 87

SÃO PAULO - SP

04150-040

BRAZIL

ARTICLE IX

The name and street addresses of the persons signing these Articles of Incorporation as subscriber are as follows:

MADALENA K. OKADA

SUZANA K. OKADA

ARTICLE X

The corporate existence of this corporation sha	ll begin on the	date the Articles o	f Incorporation are
filed of record.			
STATE OF FLORIDA)			
COUNTY OF BROWARD)			
IN WITNESS WHEREOF, the undersigned,	ladalena!	L Sana	, a natural person
who is competent to contract and (CHECK_O)			
produced a Brazilian Passport #CH 210719 at	od (CHECK OF		
did not take an oath, and who hereunt		the foregoing Art	icles of
incorporation and set his hand and seal			
this 2/ day of 44, 1998.			
		•	
	Aud); Do	ber)
My Commission Expires:	OFFIC LI	UBLIC, STATE (AL NOTARY SEAL NDA G WEBER BLIC STATE OF FLORI SSION NO. CC602440 ISSION EXP. NOV. 19	IDA

My Commission Expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHING FLORIDA, NAMING AGENT WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT:

MS CARE CORPORATION

(Name of Corporation)

WITH ITS PLACE OF BUSINESS AT

1001 BRICKELL BAY DRIVE PINE BANK – LOBBY LEVEL

MIAMI, FL 33131

(Business Address, City and State)

HAS NAMED

EVAN M. KLEIMAN

(Name of Registered Agent)

LOCATED AT

901 SOUTH FEDERAL HIGHWAY

SUITE 300

(Street Address and Number of Building, Post Office Box ARE NOT Acceptable)

CITY OF

FORT LAUDERDALE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

(Corporate Officer)

TITLE

DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT HE 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 ____

(REGISTERED AGENT)

S-

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(Note: There is a filling fee of \$ 3.00 for this certificate)