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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.
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NAME: QUALITY EXPRESS INT'L, INC.

AUDIT NUMBER.....H98000014889

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

CERT. OF STATUS..1

PAGES..... 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 12, 1998

FAS-T CORP. AGENTS, INC.

SUBJECT: QUALITY EXPRESS INT'L, INC.
REF: W98000018261

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.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan
Document Specialist

FAX Aud. #: H98000014889
Letter Number: 798A00041822

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ARTICLE OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

QUALITY EXPRESS INT'L, INC.

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 NAMES

The name of the Corporation shall be : QUALITY EXPRESS INT'L, INC.
The principal place of business of this corporation shall be : 1393 S.W. 1st Street #103 Miami FL 33135.

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 State, the State of Florida, or any state, Country territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its per value that this corporation is authorized to have outstanding at any one time is: 1000 SHARES \$1.00 PER SHARE.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTOR(S)

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): Ricardo J. Carranza (P=) 627 West 68th Street Hialeah FL 33014
Irma Cobo Aguirre (V-P=) 290 S.W. 10th Street Miami FL 33130
Mardy Aburto (T=) 9001 N.E. 1st Avenue Miami FL 33138.
Yadira Carranza (S=) 627 West 68th Street Hialeah FL 33014.
Jose A. Alonso (S=) 3532 West 11th Avenue Hialeah FL 33012.

Prepared by:
Associated Accountants
Tax & Multiservice, Inc.
1393 S.W. 1st STREET # 103
MIAMI FL 33135 . PHONE: 305-642-5229

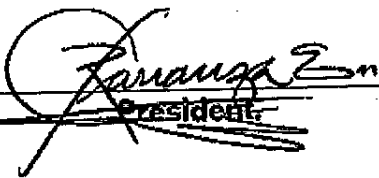
ARTICLE VI INCORPORATOR(S)

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


<u>NAMES</u>	<u>ADDRESS</u>
<u>Ricardo J. Carranza</u> President 20% of Shares.	627 West 68th Street Hialeah FL 33014
<u>Ima Cobo Aguirre</u> Vice-President 20% of Shares	290 S.W. 10th Street Miami FL 33130
<u>Mardy Aburto</u> Treasurer 20% of Shares.	9001 N.E. 1st Avenue Miami FL 33138
<u>Yadira Carranza</u> Secretary 20% of Shares.	627 West 68th Street Miami FL 33014
<u>Jose A. Alonso</u> Secretary 20% of Shares.	3532 West 11th Avenue Hialeah FL 33012

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Article of Incorporation this 11 day of August, 1998.

Signature(s) of Incorporator(s)



President



Vice-President

**CERTIFICATE OF DESIGNATION
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 the following statement in designating the registered office/registered agent, in the State Of Florida

- 1- The name of the corporation is: **QUALITY EXPRESS INT'L, INC.**
- 2- The name and address of the registered agent and office is: **Ricardo J. Carranza**

627 West 68th Street
(P.O. Box Not Acceptable)

Hialeah Florida 33014
(CITY/STATE/ZIP)

SIGNATURE 
(Corporate Officer)

TITLE : **President.**

DATE : **08/11/98**

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 

DATE: **08/11/98.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: