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FLORIDA DIVISION OF CORPORATIONS

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((H98000020385 4))

TO: DIVISION OF CORPORATIONS
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FAX #:

FROM: BUSINESS WORLD TRANSACTIONS, INC.
104512000707

ACCT#:

CONTACT: GEORGE G PICARDIE

PHONE: (305) 867-8448

FAX #:

(305) 867-8200

NAME: ~~LA NOUVELLE CUISINE, CORP.~~

AUDIT NUMBER.....H98000020385

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

CERT. OF STATUS..0

PAGES..... 4

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

yu 11/3/98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

November 3, 1998

BUSINESS WORLD TRANSACTIONS, INC.

SUBJECT: LA NOUVELLE CUISINE, CORP.
REF: W98000024831

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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

THE CONFLICT IS "CUCINE NOVELLA, INC.", WHICH TRANSLATES INTO "NEW CUISINE, INC." THE DOCUMENT NUMBER IS V56779. WHEN PUTTING THE ENGLISH TRANSLATION ON THE COVER SHEET, PLEASE INCLUDE THE SUFFIX AS WE WILL NEED TO PUT IT DOWN AS A CROSS-REFERENCE.

If you have any further questions concerning your document, please call (850) 487-6926.

Tracy Augsburg
Document Specialist

FAX Aud. #: H98000020385
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: LA NOUVELLE CUISINE EQUIPMENT, CORP

ARTICLE II

PRINCIPAL OFFICE

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

2172 N.E. 168 ST.
NORTH MIAMI BEACH, FL. 33162

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated "COMMON SHARES."

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STEFAN GYORKOS
2172 N.E. 168 ST.
NORTH MIAMI BEACH, FL. 33162

Prepared By: STEFAN GYORKOS
2172 N.E. 168 ST.
NORTH MIAMI BEACH, FL. 33162
305 3542177

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**ARTICLE V
INCORPORATOR(S)**

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

STEFAN GYORKOS
2172 N.E. 168 ST.
NORTH MIAMI BEACH, FL. 33162

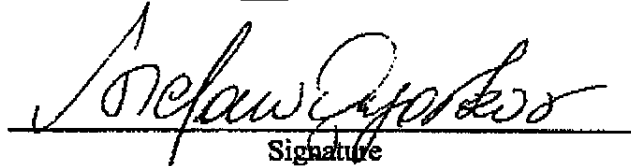
DIRECTOR
& PRESIDENT

MYRIAM GYORKOS
2172 N.E. 168 ST.
NORTH MIAMI BEACH, FL. 33162

VICE-PRESIDENT

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

2 day of NOV, 1998


Signature

Signature

Signature

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

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

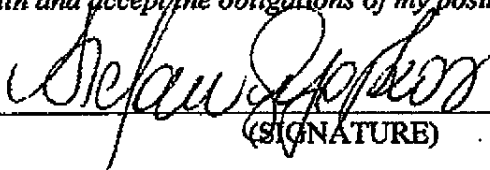
PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **LA NOUVELLE CUISINE EQUIPMENT, CORP.**

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

**STEFAN GYORKOS
2172 N.E. 168 ST.
NORTH MIAMI BEACH, FL. 33162**

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.


(SIGNATURE)

11-02-1998
(DATE)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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