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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN 26 PM 2:05

FLORIDA PROFIT CORPORATION OR P.A.

JENNIAL EXPORTACIONES INC.

TRANSLATION: JENNIAL EXPORTATIONS, INC..

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 26, 1999

FAS-T CORP.

SUBJECT: JENNIAL EXPORTACIONES INC.
REF: W99000001782

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.

Please accept our apology for failing to mention this in our previous letter.

THE NAME OF THE CORPORATION MUST BE CONSISTENT, PLEASE NOTE THE DIFFERENCE IN THE SPELLING OF THE NAME IN THE HEADING OF THE ARTICLES.

If you have any further questions concerning your document, please call (850) 487-6928.

Michelle Milligan
Document Specialist

FAX Aud. #: H99000001901
Letter Number: 499A00003289

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99 JAN 26 PM 2:05

ARTICLE OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF

JENNIAL EXPORTACIONES 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 NAME

The name of the corporation shall be:
JENNIAL EXPORTACIONES INC.

The principal place of business of this corporation shall be:

1085 E. 4 Ave. Suite 205
Hialeah, FL 33010

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 States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times \$ 10.00 = \$ 1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared By: Basic Accounting Service
692 W. 29 St., #9
Hialeah, FL 33012
Tel: (305) 887-4185

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(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):

ALEJANDRO J. VILLARREAL (DIRECTOR)
c/o 1085 E. 4 Ave. Suite 205
Hialeah, FL 33010

LUIS PEREZ LUIS (DIRECTOR)
1085 E. 4 Ave. Suite 205
Hialeah, FL 33010

ELADIO M. HERNANDEZ (DIRECTOR)
8952 NW. 150 Terr.
Miami, FL 33018

ARTICLE VI INCORPORATOR(S)

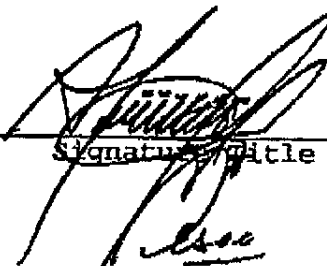
The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

ALEJANDRO J. VILLARREAL PRESIDENT 34 shares
c/o 1085 E. 4 Ave. # 205
Hialeah, FL 33010


LUIS PEREZ LUIS SECRETARY 33 shares
1085 E. 4 Ave. # 205
Hialeah, FL 33010

ELADIO M. HERNANDEZ TREASURER 33 shares
8952 NW. 150 Terr.
Miami, FL 33018


The undersigned has(have) executed these Article of Incorporation this 23 th. day of January, 1999.

X 

Signature/Title

X 

Signature/Title

X 

Signature/Title

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: _____
JENNIAL EXPORTACIONES INC.

2. The name and address of the registered agent and office
is LUIS PEREZ LUIS
(Name)

1085 E. 4 Ave. Suite 205

(P. O. BOX NOT ACCEPTABLE)

Hialeah, Florida 33010

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE

01-23-99