(Requestor's Name) 900002809109---3320 S.W. 87th AVENUE \*\*\*\*\*78.75 \*\*\*\*\*78. (Address) (305)552-5973 MIAMI, FLORIDA (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Walk in Pick up time 2.00 Certified Copy Certificate of Status Will wait Photocopy Mail out

NEW FILINGS			
X	Profit		
	NonProfit		
	Limited Liability		
	Domestication		
	Other		

31. 31. 32.20.	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger
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Limited Part				
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## ARTICLES OF INCORPORATION

## ALO BRASIL IMPORT & EXPORT CORPORATION

	•	(	name of corp	oration)				
	gned subscriber(s) to			tion, natural p	erson(s) con	npetent to con	tinesho EC	NAME OF THE PARTY
		ARTICI	E I - CORPO	ORATE NAM	IE		₹ñ	70
The name of	f the corporation is:	ANTEL	L1-COId (	J1011 15 147 114.	L		SSA	17
	ALO BR	ASIL I	APORT &	EXPORT	CORPORA	MOLTA	93 7	
							<u> </u>	<u> </u>
This corpor	tion shall exist perp		TICLE II - D dissolved acco		ida law.		TATE	PH 1: 39
	•	4 R 3	TICLE III - I	PURPOSE				
	tion is organized for states and the State of	the purpose of			or business p	permitted und	er the la	iws of
The corpora Dollar(s) (S	tion is authorized to	issue One	e hundre	stock, which s	——100— hall be desig		–One non Shar	res".
The street ad	ARTICAL . dress of the Initial R	LE V - INITIA tegistered Ager					at that o	office is:
NAME	JOSYE LOPES							
ADDRESS	245 S.E. 1s	t. Stree	t # 222					
CITY			STATE	FLORID	A ZIP	33131		
	MTAMI al office, if known, o	or the mailing a	ddress of the	corporation is				<del></del>
NAME	JOSYE LOPES			-			·	
4 DDDECC	245 S.E.		oot# 23	22		12 Table 1		
Cranz		IDC. DCL	STATE		a ZIP	33131	1	
CITY	IMAII		SIAIL	LTOKID	A 211	33131		
directors mannes	Antion shall have	d or diminished	(	2——) di time by the E	rectors initia By-Laws, but			ie (1).
NAME	JOSYE LOPI	S		-		-	· · · · · · · · · · · · · · · · · · ·	
ADDRESS	245 S.E. 1s	st Street	# 222	·			:	
CITY	MTAMT		STATE	FLORID	A ZIP	33131		
NAME	CHARLLES V	OL	-					
ADDRESS	245 S.E. 1s	st. Stree	t # 222	,				, "
CITY	MIAMI		STATE	FLORIDA	ZIP	33131		
NAMÉ			· · · · · · · · · · · · · · · · · · ·					
ADDRESS						24-2-1	-	7

STATE

ZIP

CITY

## Article VII - INCORPORATORS

The names and addresses of	of the incorporators signing these Articles	of Incorporation are as follows:
NAME JOSYE LOPES	· · · · · · · · · · · · · · · · · · ·	3. 12. 128. NO. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12
ADDRESS 245 S.E.	lst. Street # 222	
CITY MIAMI	STATE FLORIDA	ZIP 33131 .
NAME		
ADDRESS		The state of the s
CITY	STATE	ZIP
NAME		
ADDRESS	A TO	
CITY	STATE	ZIP
N WITNESS WHEREOF, the unditay of <u>MARCH</u>	lersigned subscriber (s) have executed thes	e Articles of Incorporation this 1 (Scal)
	O OUSTE LUPES	(Scal)
, <u></u>		(Seal)
STATE OF FLORIDA	)	· <del>-</del>
COUNTY OF DADE	SS )	
before me, a Notary Public author personally appeared:	rized to take acknowledgments in the State  Filed 1/1 For	and County set forth above.  20478-760-0  orm of Identification
Signature	Fo	orm of Identification
		•
Signature		m of Identification
""" JUSVE LODES exec	to executed the foregoing Articles of Incorporation, who uted these articles of Incorporation, that I relied upon the opposite each name, and that an oath was not taken.	e form of identification
NOTATRY RUBBER STAMP SEAL.	Witness my hand and official seal in the	
		rch 199
OFFICIAL NOTARY ISRAEL B PAN COMMISSION NUM CC55322	DO BER	AV.
MAY 7,200	PIRES	

## 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.

The name of the corporation is:	ALO BRASIL	IMPORT &	EXPORT	CORPORATION	
				<u></u>	· <u>-</u> .
The name and address of the reg	:				
JOSYE LOPES				<u>.</u> <u>.</u>	
(NA	ME)				
245 S.E. 1st. (P.O. BOX N			<u>.</u>		
	33131			<u>.</u>	
(CITY)	STATE/ZIP)	·		-	

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 POSITIONS AS REGISTERED AGENT.

SIGNATURE\_

DATE 03/16/1999