

Pg 9000025409

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.
 (Requestor's Name)
3320 S.W. 87th AVENUE
 (Address)
MIAMI, FLORIDA (305)552-5973
 (City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE

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 -03/19/99--01040--021
 *****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. QUEZADA DISTRIBUTION AND EXPORT INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

99 MAR 19 PM 1:04
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
FILED

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

OR.

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

QUEZADA DISTRIBUTION AND EXPORT INC.

ARTICLE II PRINCIPAL OFFICE

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

8660 S.W. 149 AVE. #205
MIAMI, FLORIDA 33193

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBINSON JOSE QUEZADA
8660 S.W. 149 AVE. #205
MIAMI, FLORIDA 33193

ARTICLE V INCORPORATOR(S)

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

ROBINSON JOSE QUEZADA
8660 S.W. 149 AVE. #205 MIAMI, FLORIDA 33193

EUFEMIO JOSE QUEZADA
8660 S.W. 149 AVE. #205 MIAMI, FLORIDA 33193

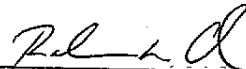
ARTICLE VI DIRECTOR(S)

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

EUFEMIO JOSE QUEZADA 50% SHARES OF STOCK PRESIDENT
8660 S.W. 149 AVE. #205 MIAMI, FL 33193

ROBINSON JOSE QUEZADA 50% SHARES OF STOCK VICE-PRESIDENT
8660 S.W. 149 AVE. #205 MIAMI, FL 33193

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 18 day of MARCH, 1999.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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: QUEZADA DISTRIBUTION AND EXPORT INC.

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

ROBINSON JOSE QUEZADA

(NAME)

8660 S.W. 149 AVE. #205

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33193

(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 POSITION AS REGISTERED AGENT.

SIGNATURE *Robill*

DATE MARCH 18, 1999

SECRETARY OF STATE
TALLAHASSEE FLORIDA
9 MAR 19 PM 1:04

FILED

REGISTERED AGENT FILING FEE: \$35.00