

P990000 42475

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: POINCIANA'S LATIN DELIGHT, INC.

ENCLOSED IS AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$122.50. ALSO, ENCLOSE FEDERAL
EXPRESS PREPAID ENVELOPE, PLEASE SEND NEXT DAY DELIVER

FROM: PABLO J. SANTOS
3501 W. VINE STREET, STE 280
KISSIMMEE, FL 34741

EFFECTIVE DATE
5.7.99

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****122.50 *****78.75

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99 MAY -6 AM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. BROCK MAY 11 1999

ARTICLES OF INCORPORATION
OF
POINCIANA'S LATIN DELIGHT, INC.

THE UNDERSIGNED INCORPORATION, FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS, THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

POINCIANA'S LATIN DELIGHT, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

4545 PLEASANT HILL ROAD SUITE 107
KISSIMMEE, FL 34759

ARTICLE III CAPITAL STOCKS

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
10000 SHARES OF ONE (\$1.00) DOLLAR PAR VALUE COMMON STOCKS, WHICH SHALL BE DESIGNED "COMMON SHARES."

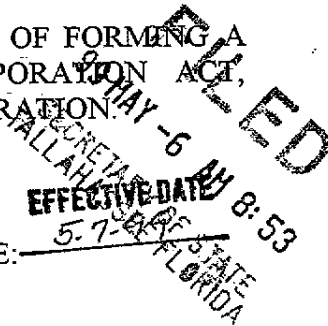
ARTICLE IV INITIAL REGISTERED AGENTS AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

PABLO J. SANTOS, ACCOUNTANT
3501 W. VINE ST SUITE 280
KISSIMMEE, FL 34741

ARTICLE V PAYMENT OF STOCKS

THE WHOLE OR ANY PART OF THE COMMON STOCK SHALL BE PAYABLE EITHER IN LAWFUL MONEY OF THE UNITED STATE OR IN PROPERTY, LABOR OR SERVICES INsofar AS PERMITTED FROM TIME TO TIME BY THE LAWS OF THE STATE OF FLORIDA, THE VALUE OF SUCH PROPERTY, LABOR OR SERVICES TO BE DETERMINED BY THE BOARD OF DIRECTORS.



ARTICLE VI INITIAL BOARD OF DIRECTORS

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION ARE FOUR (4). THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME IN THE MANNER PROVIDED IN THE BYLAWS. THE NAMES AND ADDRESSES OF THE PERSONS TO SERVE AS MEMBERS OF THE INITIAL BOARD OF DIRECTOR ARE:

ISAAC RIVERA
824 E. FLAG LANE
KISSIMMEE, FL 34759

LUISA A. ACOSTA
1014 S. HOAGLAND BLVD
KISSIMMEE, FL 34741

NELSON DASSA
5215 FLYING EAGLE LANE
KISSIMMEE, FL 34746

MIKE FELICIANO
5151 VILLANOVA ROAD
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATORS

THE NAMES AND STREETS ADDRESSES OF THE INCORPORATORS TO THESE ARTICLES OF INCORPORATION ARE:

ISAAC RIVERA
824 E. FLAG LANE
KISSIMMEE, FL 34759

LUISA A. ACOSTA
1014 S. HOAGLAND BLVD.
KISSIMMEE, FL 34741

NELSON DASSA
5215 FLYING EAGLE LANE
KISSIMMEE, FL 34746

MIKE FELICIANO
5151 VILLANOVA ROAD
KISSIMMEE, FL 34746


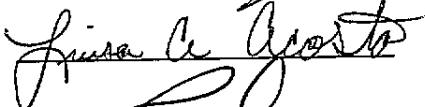
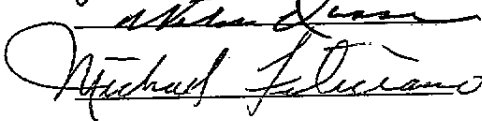
THE ARTICLE VIII EFFECTIVE DATE AND DURATION

THE EFFECTIVE DATE ON WHICH THE CORPORATION EXISTENCE SHALL BEGIN IS MAY 7, 1999. THE DURATION OF THE CORPORATION IS PERPETUAL.

ARTICLE IX PURPOSE

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF FLORIDA.

THE UNDERSIGNED INCORPORATORS HAVE EXECUTED THESE ARTICLE OF INCORPORATION THIS 05th DAY OF MAY OF 1999.

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: POINCIANA'S LATIN DELIGHT, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

PABLO J. SANTOS, ACCOUNTANT
3501 W. VINE ST. SUITE 280
KISSIMMEE, FL 34741

HAVING BEEN NAMES AS REGISTERED AGENTS 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: _____

DATE: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA