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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

QUALITY AVIATION PLUS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
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ARTICLES OF INCORPORATION

OF

QUALITY AVIATION PLUS, INC.

We the undersigned incorporate for the purpose of becoming a corporation under the laws of the State of Florida, providing for the formation, rights, privileges, immunities - and liabilities of incorporation for profit and subject to the following provisions.

ARTICLE I

The name of the corporation shall be:
QUALITY AVIATION PLUS, INC.

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

This corporation is organized with the purpose to engage - in the transaction of aircraft aerographics, buy and sell aircraft parts, ----- and all other lawfull activities of business permitted under the laws of the State of Florida and of the United States of America.

ARTICLE IV

The agregate maximum number of shares which this corpora-- tion shall have authority to issue and have outstanding at anyone time is: Five Hundred Shares at One Dollar Value each.

ARTICLE V

This corporation shall begin business with no less than -- Five Hundred Dollars (\$500.00).

ARTICLE VI

The post office address of the principal office of this -- corporation shall be: 10251 S.W. 6th Street, Miami, Florida 33174.

Prepared By:
Jose C. Jimenez, B.B.A. (Accountant)
454 N.W. 22nd Avenue, Suite 209
Miami, Florida 33125. Tel. 305-541-4714

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ARTICLE VII

The name and address of the initial Registered Office of --
this corporation in the State of Florida is:

Soraya Diaz
10251 S.W. 6th Street
Miami, Florida 33174

ARTICLE VIII

The business of the corporation shall be managed by a Board
of Directors. The number of Directors, no less than one, no
more than five and shall be fixed by resolution of the ---
stockholders at regular or special meetings, subject to the
manner of holding such meetings prescribed by the by-laws.

ARTICLE IX

The name and post office address of the members of the Board
of Directors who shall serve as members thereof, are as ----
follows:

NAME	OFFICE	ADDRESS
Soraya Diaz	President	10251 S.W. 6th Street Miami, Florida 33174
Efrain Diaz	Vice-President	" "
Dulce Rodriguez	Treasurer	" "
Barbara Rodriguez	Secretary	" "

ARTICLE X

Distribution to incorporators is as follows:

Soraya Diaz	250 Shares	\$ 250.00 Value
Efrain Diaz	250 Shares	\$ 250.00 Value

ARTICLE XI

Each stockholder before offering to sell or otherwise dispose
of the stock of this corporation, owned by him first offer --
such stock to the remaining stockholders of this corporation
and obtaining their refusal to purchase same, proceed to sell
at the fair market value thereof.

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ARTICLE XII

Amendments to the Articles of Incorporation, merger, consolidations or dissolution shall be approved and submitted to the stockholders for approval 100% of all votes will be necessary and thirty days notice shall be provided.

ARTICLE XIII

This corporation shall have full power to carry on and transact each or all business enumerated in Article III of this -- Articles of Incorporation. Shall have all the general and -- additional powers now conferred upon it by the laws and the -- by-laws.

IN WITNESS THEREOF, we the undersigned, have made subscribed and acknowledged these Articles of Incorporation, on this -- 25th Day of October 1999.


Soraya Diaz - Incorporator

STATE OF FLORIDA }

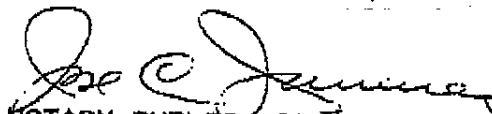
COUNTY OF DADE }


Efrain Diaz - Incorporator

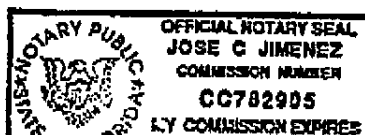
Before me the undersigned authority duly authorized to administer oath and take acknowledgement, personally appeared --- SORAYA DIAZ AND EFRAIN DIAZ ---

who after first being duly sworn, executed the foregoing --- ARTICLES OF INCORPORATION, freely and voluntarily for the --- purpose therein expressed.

IN WITNESS THEREOF I have hereunto set my hand and official - seal at Miami, said County and State, this 25th Day of --- October 1999.


NOTARY PUBLIC, State of Florida at large.

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT=REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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 QUALITY AVIATION PLUS, INC.

The name and address of the Registered Agent and office is Soraya Diaz, 10251 S.W. 6th Street, Miami, Florida 33174.


Corporate Officer


Title: Vice-President

Dated: October 25th, 1999.

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Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and further -- agree, to comply with the provisions of all statutes relative to the proper and complete performance of my duties; and --- accept the duties and obligations of section 607.325,, Florida Statutes.


Soraya Diaz, Registered Agent, ---
accepting office.

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