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10/4/98 J. P.	Wad /
Jose Batista Do Nacimiento Requestor's Name 801 Brickell Bay Dr. #1061	I O N
Miam; F1 33131 City State ZIP Phone (305) 379-6124A	* 600003032026+

CORPORATION(S) NAME

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_	() Dissolution () Annual Report () Reservation () Photo Copies

CR2E031 (R8-85)

W.P. Verifier

ARTICLES OF INCORPORATION OF PEFRAN, INC.

9 NOV -2 AN ID: 45
SECRETARY OF STATE
ALLAHASSEE FLORIDA

ARTICLE I

The name of this corporation is PEFRAN, INC.

ARTICLE II

The mailing address of this corporation shall be 4725 Emerald Forest Way, # 1904, Orlando, Florida 32811.

ARTICLE III

The number of shares of stock this corporation is authorized to have outstanding at any one time is 1000 with a value of \$ 1.00 per share.

ARTICLE IV

The name and address of the initial registered agent is Pedro Zanetti Filho, 4725 Emerald Forest Way, Suite # 1904, Orlando, Florida 32811.

ARTICLE V

The name and address of the incorporation's agent in these Articles of Incorporation is Pedro Zanetti Filho, 4725 Emerald Forest Way, Suite # 1904, Orlando, Florida 32811.

The undersigned has executed these Articles of Incorporation this 12th day of October, 1999.

PEDRO ŽANETTI FILH

Incorporator's Agent

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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 incorporation is Pefran, Inc.
- 2-The name and address of the registered agent and office Pedro Zanetti Filho, 4725 Emerald Forest Way, Suite # 1904, Orlando, Florida 32811.

Signature:

Title: Agent

Date: October 12th, 1999

Having been named as registered agent and to accept service of progress 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: October 12th, 1999

99 NOV -2 AM IO: 45
SECRETARY OF STATE
TALLAHASSEE FITOBIA