



CERTIFICATE OF ASSUMED BUSINESS NAME

(All Corporations)

State Form 30353 (R7 / 4-95)

State Board of Accounts Approved 1995

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E010
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS:

This certificate must first be recorded in the office of County Recorder of each county in which a place of business or office is located.

A copy of the certificate certified by the County Recorder must be filed with the Secretary of State.

Please TYPE or PRINT.

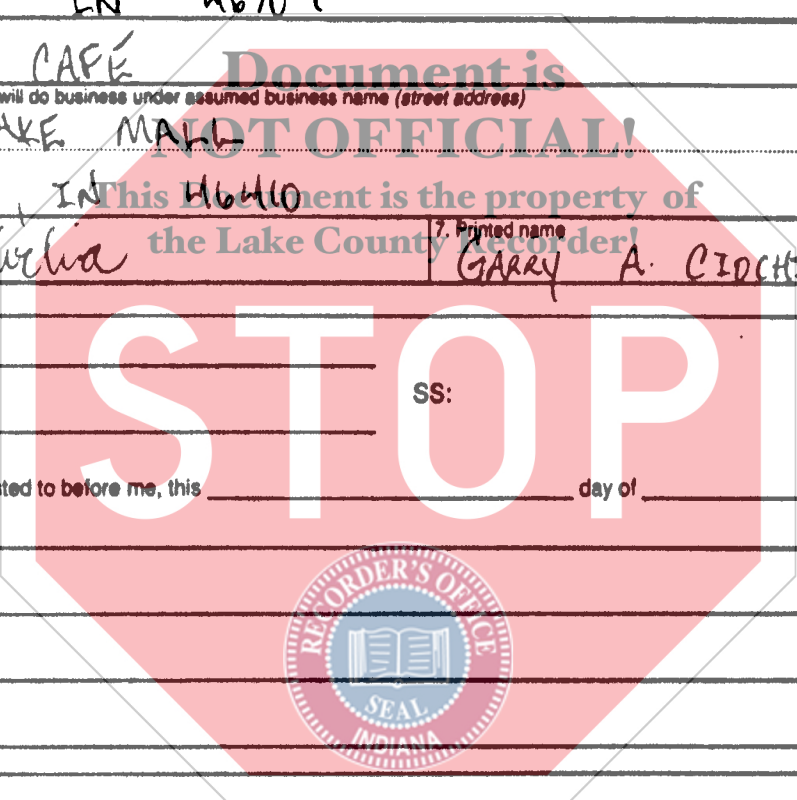
Indiana Code 23-15-1-1, et seq.

FILING FEES PER CERTIFICATE:

For-Profit Corporation, Limited Liability Company, Limited Partnership	\$30.00
Not-For-Profit Corporation	\$26.00
Certificate - Additional	\$16.00

1. Name of Corporation FRUITASTIC S.W. INC.	2. Date of incorporation / admission 9/21/96
3. Principal office address of the Corporation (street address) 765 PRINCETON COURT	
City, state and ZIP code CROWN POINT IN 46307	
4. Assumed business name(s) FRUHLATI CAFE	
5. Address at which the Corporation will do business under assumed business name (street address) 2056 SOUTHWAKE MALL	
City, state and ZIP code MERRILLVILLE IN 46410	
6. Signature Garry A. Cicchia	7. Printed name GARRY A. CIOCHINA

97010284



STATE OF _____

COUNTY OF _____ SS: _____

Subscribed and sworn or attested to before me, this _____ day of _____, 19 _____.

Notary Public _____

My Notarial Commission Expires: _____

My County of Residence is: _____

FILED FOR RECORD
97 FEB 19 PM 2:09
MORRIS W. CARTER
RECORDER



I, MORRIS W. CARTER, Recorder of LAKE County, State of Indiana,
 certify that the foregoing is a true copy of the Certificate of Assumed Business Name recorded in my office on the 19TH
 day of FEBRUARY, 19 97.

Recorder Signature
Morris W. Carter

This instrument was prepared by: _____