

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

600003360446--7

-08/17/00--01035--021

*****78.75 *****78.75

OFFICE USE ONLY

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

1. LATIN AMERICAN HORIZONS 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

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A. Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

RECEIVED
00 AUG 17 AM 10:22
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF INCORPORATION
FOR

LATIN AMERICAN HORIZONS INC.

The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statutes, adopt the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be LATIN AMERICAN HORIZONS INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

361 LAKEVIEW DRIVE
CORAL SPRINGS FLORIDA 33071
U.S.A

ARTICLE III PURPOSES

The specific purposes for which the corporation is organized are:

1. To plan and execute fund raising campaigns to support handicapped people rehabilitation and health.
2. To get international cooperation to conduct programs dedicated to the re-incorporation of disables to the working force.
3. To prompt dedication of funds to construct peace within and from the family.
4. To race resources and organize all kind of seminars and events to provide international exposure and education to students and entrepreneurs.
5. To promote programs and campaigns to support environmental projects, and particularly the substitution of illegal plantations.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The directors will be elected or appointed in accordance to the corporate minutes and bylaws.

FILED
00 AUG 17 PM 12:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V LIMITATIONS OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent is:

CARLOS FRANKY
361 LAKEVIEW DRIVE
CORAL SPRINGS FL. 33071

ARTICLE VII INCORPORATORS

The incorporators of these Articles of Incorporation are:

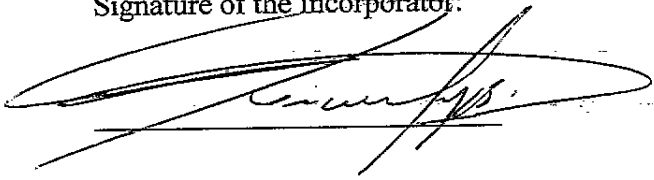
- CLAUDIA APONTE (Director)
- RAFAEL STAND (Director)
- CARLOS FRANKY (Director)
- ALVARO MENDOZA
- MAURICIO ROJAS
- PABLO SEVILLA
- HUMBERTO ARBELAEZ
- FRADY ZULETA
- MARCELA CARRILLO
- HERNANDO ABISAMBRA
- ANA MARIA DE VANEGAS

The address of the incorporators is:

361 LAKEVIEW DRIVE
CORAL SPRINGS FL.33071

The undersigned incorporator has executed these Articles of Incorporation this 10 day of August, 2000.

Signature of the Incorporator:

A handwritten signature in black ink, appearing to read 'Carlos Franky', written over a horizontal line.

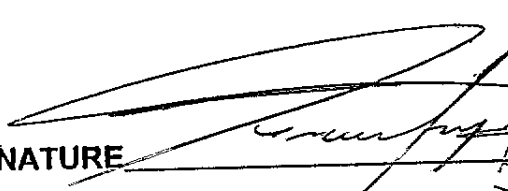
CARLOS FRANKY.

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: LATIN AMERICAN HORIZONS
INC.
2. The name and address of the registered agent and office is:
CARLOS FRANKY
(NAME)
361 LAKEVIEW DRIVE
(P.O. BOX NOT ACCEPTABLE)
CORAL SPRINGS FL. 33071
(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 

DATE August 14, 2000

00 AUG 17 PM 3:57
FILED
TALLAHASSEE FLORIDA
SECRETARY OF STATE

REGISTERED AGENT FILING FEE: \$35.00