

N46476

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

98 JAN -7 PM 3:37
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Office Use Only

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

1. MIAMI-DADE COMMUNITY MENTAL HEALTH
 (Corporation Name) (Document #)
2. CENTER, INC. *Amend*
 (Corporation Name) (Document #)
3. _____ 900002388109--7
 (Corporation Name) (Document #) -01/05/98-01023--007
 *****35.00 *****35.00
4. _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS		
<input checked="" type="checkbox"/>	Amendment	Name Availability <u>1/5/98</u>
<input type="checkbox"/>	Resignation of R.A., Officer/Director	Examiner <u>Don</u>
<input type="checkbox"/>	Change of Registered Agent	Updater <u>Don</u>
<input type="checkbox"/>	Dissolution/Withdrawal	Update Verifier <u>Don</u>
<input type="checkbox"/>	Merger	Update Verifier <u>Don</u>

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 98 JAN -5 AM 10:21
 DIVISION OF CORPORATION

*00789, 00564, 00672

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 5, 1998

Lazarus Corporate Industries, Inc.
890 S.W. 87 Avenue
Suite 16
Miami, FL 33174

SUBJECT: MIAMI DADE COMMUNITY MENTAL HEALTH CENTER, INC.
Ref. Number: N46476

We have received your document for MIAMI DADE COMMUNITY MENTAL HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

If you have any questions concerning the filing of your document, please call (850) 487-6907.

Annette Hogan
Corporate Specialist

Letter Number: 998A00000373

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RECEIVED
98 JAN -6 PM 3:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
MIAMI-DADE COMMUNITY
MENTAL HEALTH CENTER, INC.

98 JAN -7 PM 3:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

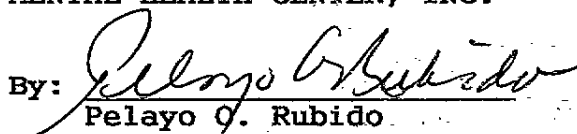
Pursuant to the provisions of section 617.1006, Florida Statutes the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted:

Article V- The Board of Directors shall consist of three members. The name(s) and street address(es) of the Board of Directors is as follows:

NAME	ADDRESS	POSITION
Pelayo O. Rubido	7815 Coral Way #107 Miami, Florida 33155	Director & CEO
Carmen Vazquez	7815 Coral Way #107 Miami, Florida 33155	Director & Secretary
Reyselda Vazquez	7815 Coral Way #107 Miami, Florida 33155	Director & Treasurer

ARTICLE IV - THE NAME AND ADDRESS OF THE NEW REGISTERED AGENT IS AS FOLLOWS: PELAYO O. RUBIDO 7815 CORAL WAY #107, MIAMI, FL 33155
MIAMI-DADE COMMUNITY
MENTAL HEALTH CENTER, INC.

By: 
Pelayo O. Rubido
CEO/Director

The amendment was adopted by the members on January 2, 1998
The number of votes cast for the amendment was sufficient for approval.

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.

1. The name of the Corporation is: _____

MIAMI-DADE COMMUNITY MENTAL HEALTH CENTER, INC.

2. The name and address of the registered agent and office is: _____

PELAYO O. RUBIDO

7815 Coral Way Suite # 107

(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33155

(CITY/STATE/ZIP)

SIGNATURE

Pelayo O. Rubido
(corporate officer)

TITLE: Director & CEO

DATE: January 2, 1998

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 I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

Pelayo O. Rubido
(REGISTERED AGENT)

DATE: January 2, 1998

REGISTERED AGENT FILING FEE \$20