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LAZARUS CORPORATE INDU	STRIES, INC.	i	
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890 S.W. 07 AVENUE #16			B COLL
(Address) MIAMI, FLORIDA 33174	(305)552-5973		7 10 000
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LOCAL REPRESENTATIVE TO	ALLAHASSEE		3: 03
(904)305-6735		OFFICE USE ONLY	
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NEW FILINGS	AMENDME	NTS	
Profit	Amendment		
NonProfit	Resignation of R.	A., Officer/Director	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
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OTHER FILINGS	REGISTRATION	N/	
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
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Trademark

Other

Examiner's Initials AA

Page One of Five:

SECRETARY OF STATE DIVISION OF CORPORATIONS

95 FEB -7 PH 3:00

NON-PROFIT CORPORATION
ARTICLES OF INCORPORATION
FOR
MUJER CUBANA, INC.
(CUBAN WOMAN, INC.)

The undersigned, acting as incorporators of a corporation pursuant to Chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

Article I: Name

The name of the corporation shall be Mujer Cubana, Inc. (Cuban Woman, Inc.)

Article II: Principal Place of Business and Mailing Address:

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

747 Ponce De Leon Blvd, Suite 404, Coral Gables, Florida 33134

Article III: Purpose

The specific purpose for which this Non-Profit Corporation is organized are:

The purpose of this Non-Profit Corporation is to divulge the violation of human rights under Communist regimes via letters, radio programs, television, newspapers to the American people and people all over the world.

Article IV: Officers

The manner in which the officers are elected or appointed is as follows: The affairs of the Corporation will be managed by a President, a Vice President, a Secretary, and a Treasurer who will be elected for a period of two years in the year ending with an odd digit.

The names of the initial officers who will serve until the first election of officers held by the Corporation are:

Page Two of Five:

President: Eleonor Pimentel M.D. - 747 Ponce De Leon Blvd, Suite 404 Coral Gables, Florida 33134.

Vice President: Haydeo Florez, 747 Ponce De Leon Blvd, Suite 404, Coral Gables, Florida 33134.

Secretary: Eleonor Pimentel M.D., 747 Ponce Do Leon Blvd., Suite 404, Coral Gables, Florida 33134.

Treasurer: Mabelle A. Horea, 747 Ponce De Leon Blvd, Suite 404 Coral Gables, Florida 33134.

Article V: Board of Directors

The initial Board of Directors to serve until the first election of directors held by the Corporation shall consist of 3 persons whose names and addresses are:

- (1) Eleonor Pimentel M.D.- 747 Ponce De Leon Blvd. Suite 404, Coral Gables, Florida 33134
- (2) Haydee Florez, 747 Ponce De Leon Blvd., Suite 404 Coral Gables, Florida 33134.
- (3) Mabelle A. Horea, 747 Ponce De Leon Blvd., Suite 404 Coral Gables, Florida 33134.

Article VI: Bylaws

Bylaws will be adopted by the initial Board of Directors. New Bylaws may be adopted or the initial Bylaws may be repealed or amended in whole or in part, at an annual meeting of the members or at any other meeting of the members called for that purpose, but any such resolution repealing or amending the initial Bylaws or adopting new Bylaws shall require a vote of not less than two thirds (2/3) of the members entitled to vote.

Article VII: Powers and Voting Rights

The Corporation, its officers, directors, and members shall have all corporate powers provided in Section 617.021 of Florida Statutes.

Article VIII: Initial Registered Agent and Street Address

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

Page Three of Five:

Article IX: Incorporators

The name and street addresses of the incorporators for these Non-

- The name and street addresses of the incorporators for these the Profit Articles of Incorporation are:
 (1) Eleonor Pimentel, M.D.- 747 Ponce De Leon Blvd. Suite 404 Coral Gables, Florida 33134.
 (2) Haydee Florez, 747 Ponce De Leon Blvd. Suite 404, Coral Gables, Florida 33134.
 (3) Mabelle A. Horea, 747 Ponce De Leon Blvd. Suite 404 Coral Gables, Florida 33134.

The undersigned incorporators have Articles of Incorporation	executed these Non-Profit thisday	of
Signatures of Incorporators:		
Eleonor Pimentel M.D.	ELEONOR PIMENTEL MD Printed Name of Incorporator	
Haydee Florez	HAYDEE FLOREZ Printed Name of	
habelle a barea Mabelle A. Horea	Incorporator MABELLE A. HOREA Printed Name of Incorporator	

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State of Florida)
County of Dade)

BEFORE ME, a notary public in and for said County and State, personally appeared <u>ELEONOR PIMENTEL</u>; <u>HAYDEE FLOREZ</u>; <u>MABELLE</u> A.

known to me and known by to be the persons who subsribed the foregoing Non-Profit Articles of Incorporation and ELEONOR PIMENTEL MD accepted the position of Registered Agent and they acknowledged before me that they executed those Non-Profit Articles of Incorporation for the purposes set forth therein.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal, in the State of Florida and County of Dade, this $30 \, \rm th$ day of January 1995.

NOTARY FURLIC STATE OF FLORIDA MY COMMISSION EXP. MAR. 31, 1995 BONDED THRU GENERAL INS. UNO. Notary Public, In and For the State of Florida, At Large

Louis F. Cast

(Expiration Stamp)

(Seal)

Page Four of Five:

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.

The name of the Corporation is Mujer Cubana, Inc. (Cuban Woman, Inc.)

The name and address of the registered agent and office is:

Name of Registered Agent: FLEQUE: PRENIEL MD

Address of Registered Office: 747 Fource De Jean Min

Juite 404 Coul Cable: Fla 3:134

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 propert and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Date: