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890 S.W. 87	7 AVENUE SULTE: 16 Address		
MIAMI, FLOR	KIDA 33174 (305)552-59	73	
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	N NAME(S) & DOCUMENT	, , , ,	
1. HELP	INTERNATION Names	VAL VISION INC.	
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I NEW FILINGS	AMENDMENTS	Certified Copy Certificate of Statute CORPORATION Director	
Profit	Amendment	AH IO: 53 ORPORATION Director	
NonProfit	Resignation of R.A., Officer/	Director Sign	
Limited Liability	Change of Registered Agent	1,	
Domestication	Dissolution/Withdrawal		
Other	Merger	(o)	
OTHER FILINGS	REGISTRATION/	SSEE, FLORIDA	
Annual Report		<u>«</u>	
Fictitious Name	Foreign		
Name Reservation	Limited Partnership	Wab-11240	
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CR2E031(1/95)

Examiner's Initials
Styl MAY 2 8 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 28, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: HELP INTERNATIONAL VISION INC.

Rof. Number: W96000011240

We have received your document for HFLP INTERNATIONAL VISION INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 696A00026530

FOR

HELP INTERNATIONAL VISION INC.

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

ARTICLE I NAME

The name of the corporation shall be: THELP INTERNATIONAL VISION #PC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

15600 S.W. 63 Terr. Minmi, F1 33193

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

Give shelter, Medical and Spiritual help and comfort to women and children with AIDS.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is as follows:

The manner in which directors are to be elected shall be in the BY-LAWS.

DAVID CHAMS PRESIDENT /D

BETTY SAER

VICE-PRESIDENT /D

CELEIDA ALVARADO

SECRETARY /D

MARIBEL GUTIERREZ

TREASURER /D

JO-ANN CURE-TWEDE

AGENT /D

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JO-ANN CURE TWEDE 15430 S.W. 89 Ct. Minmi, Fl 33157

	ARTICLE VII INC	ORPORATORS
	The name(s) and street address(es) of the incorp is(are):	porator(s) for these Articles of Incorporation
1	DAVID CHAMS # 7335 S.W. 152 Ave	. Miami, Fl 33193 (Apt#C406)
} * ·	BETTY SAER = 11501 S.W. 84 St.	Miami, F1 33173
2 =	VICE-PRESIDENT CELEIDA ALVARADO = 16091 S.W. 83 St.	Miami, F1 33193
3=	SECRETARY MARIBEL GUTIERREZ 15600 S.W. 63 Ter	r. Miami, F1 33193
4 ∺ 5 =	TREASURER JO-ANN CURE TWEDE: 15430 S.W. 89 Ct. AGENT	Miami, F1 33157 .
	The undersigned incorporator(s) has (have) exec	uted these Articles of Incorporation this
	(Ydeeus)	DAVID CHAMS- PRESIDENT
		Typed name of incorporator signing
	Buth Sair	BETTY SAER- VICE-PRESIDENT
		Typed name of incorporator signing
	County.	CELEIDA ALVARADO- SECRETARY
		Typed name of incorporator signing
-	Maint Coffins	MARIBEL GUTIERREZ- TREASURER Typed name of incorporator signing
_	Jostan Cino-Truedo	JO-ANN CURE TWEDE- AGENT Typed name of incorporator signing

CERTIFICATE OF DESIGNATION 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: <u>liete International Vision</u> INC.
1	The name and address of the registered agent and office is:
	JO-ANN CURE TWEDE
	(NAME)
	15430 S.W. 89 Ct. Miami, Fl 33157
•	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	Miami, F1 33157
	(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.

DATE MAY 10, 1996 SHEYES SHEET ORDER

REGISTERED AGENT FILING FEE: \$35.00