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LEZARUS CORPORATE FILING SERVICE, INC.
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MIAMI, FLORIDA (305)552-5973
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

NP

OFFICE USE ONLY

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

1. ASSOCIATION FOR DISABLED CUBANS, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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-08/17/98-01043-029
****122.50 ****122.50

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 Mail out Will wait Photocopy Certificate of Status

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98 AUG 17 PM 12:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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

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98 AUG 17 AM 11:07
DIVISION OF CORPORATIONS

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation of such corporation:

ARTICLE I

The name of the corporation shall be: Association for Disabled Cubans, **Inc.**

The principal place of business of this corporation shall be:
726 West 28 St. Hialeah, Miami-Dade County, Florida 33010

ARTICLE II

The period of the duration of this corporation is PERPETUAL
unless dissolved according to law.

ARTICLE III

The purpose (purposes) for which the corporation is organized is (are):
To provide humanitarian assistance to disabled people in Cuba.

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TALLAHASSEE FLORIDA

ARTICLE IV

The qualifications for ^{Directors} members and the manner of their admission are:
As provided for in the bylaws

ARTICLE V

The number constituting the initial Board of directors trustee or managers, (circle one) of
the coporation is three, and the names and addresses of the persons who
are to serve initially are: (not less than 3)

<u>NAME</u>	<u>ADDRESS</u>
Juan J. Alfonso	110 East 10 St. Apt. 11, Hialeah, Fl. 33010
Felix Cruz Blanco	726 West 28 St. Hialeah, Fl. 33010
Daniel Benitez	5675 5th Avenue, Key West, Fl. 33040

ARTICLE VI

This corporation is organized under a non-stock basis.

ARTICLE VII

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or Local Government for exclusive public purpose.

ARTICLE VIII

The name and address of each incorporator is

Juan J. Alfonso	DANIEL BENITEZ	FELIX CRUZ BLANCO
110 East 10 St. Apt. 11	5675 5 AVE	726 WEST 28 ST
Hialeah, Fl. 33010	KEY WEST FL 33040	HIALEAH FL 33010

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 4TH day of AUGUST, 1998.

Signature(s) of Incorporator(s)

Juan J. Alfonso
Print name here: Juan J. Alfonso

Daniel Benitez
Print name here:
DANIEL BENITEZ

Felix Cruz Blanco
Print name here:
FELIX CRUZ BLANCO

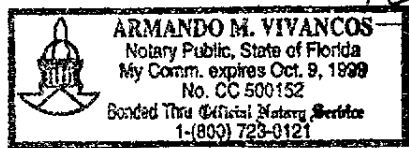
STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING instrument was acknowledged and sworn to before me this 4TH day of AUGUST, 1998, by JUAN J. ALFONSO DANIEL BENITEZ FELIX CRUZ BLANCO (name of incorporator) of ASSOCIATION FOR DISABLED CUBANS INC (name of corporation)

(SEAL)



My Commission Expires 2005



Armando M. Vivancos

NOTARY PUBLIC

NON-PROFIT ARTICLES OF INCORPORATION FILING FEE: \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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: Association for Disabled Cubans Inc.

2. The name and address of the registered agent and office is:
JUAN J. ALFONSO

(NAME)
110 EAST 10 ST. APT. 11

(P.O. BOX NOT ACCEPTABLE)
HIALEAH, FL. 33010

(CITY/STATE/ZIP)

SIGNATURE Juan J Alfonso
(corporate officer)

TITLE x DIRECTOR

DATE 8/4/98

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 Juan J Alfonso
DATE 8/4/98

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CLERK OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT FILING FEE: \$35