

# P00000018033

**FILED**

00 AUG 17 PM 12:01

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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)

OFFICE USE ONLY

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

1. E. J. L. & M. S. J. CORPORATION  
(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

200003360422--2  
-08/17/00--01035--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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
<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

*Amend  
8-17-00  
RMS*

RECEIVED  
00 AUG 17 AM 10:22  
DIVISION OF CORPORATIONS

Examiner's Initials

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

E.J.L. & M.S.J., CORPORATION  
(present name)

FILED

00 AUG 17 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)

ARTICLE IV : THE AMOUNT OF CAPITAL FOR THIS CORPORATION SHALL BE: \$100,000.00

ARTICLE VI : THE NEW PRINCIPAL OFFICE WILL BE:  
1717 N. Bayshore Dr., Miami, FL. 33132

ARTICLE VIII : THE NEW BOARD OF DIRECTORS AND OFFICERS WILL BE:  
EMMA LOPEZ  
9809 NW 45 Lane  
Miami, FL. 33178

ARTICLE IX : THE NEW REGISTERED AGENT WILL BE:  
SUSANNE PERUCH  
9809 NW 45 Lane Doral Chase  
Miami, FL. 33178

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 8/16/00

FOURTH: Adoption of Amendment(s) (check one)

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups.

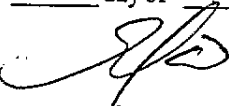
*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

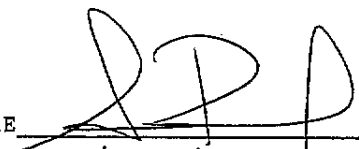
Signed this 16 day of AUGUST, 2000

By   
(Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)  
OR  
(A director or incorporator if adopted by the directors or incorporators)

EMMA LOPEZ  
(Typed or printed name)

PRESIDENT / DIRECTOR  
(Title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE 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 MY POSITION AS REGISTERED AGENT. SUSANNE PERUCH

SIGNATURE   
DATE 08/16/00

STATE OF FLORIDA  
COUNTY OF DADE

  
NOTARY PUBLIC



VIVIAN HERNANDEZ  
My Comm Exp 01-12-2004  
COMM No CC 901545  
 Personally Known  Other I.D.