

P94000037452

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

Office Use Only

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

1. JMA SUPPLIES MEDICAL CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 800002321778--1
-10/16/97--01052--013

4. _____
(Corporation Name) (Document #) *****35.00 *****35.00

☒ 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 type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" 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

TALLAHASSEE, FLORIDA

97 OCT 17 PM 4:05

FILED

DIVISION OF CORPORATION

97 OCT 15 AM 11:11

RECEIVED

10/20

Jon Vol. Jiss.

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

RECEIVED

OCT 17 PM 3:37

DIVISION OF CORPORATION

October 16, 1997

LAZARUS

MIAMI, FL

SUBJECT: J M A SUPPLIES MEDICAL CORP.
Ref. Number: P94000037452

We have received your document for J M A SUPPLIES MEDICAL CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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 (850) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 797A00050653

FILED

97 OCT 17 PM 4:05

ARTICLES OF DISSOLUTION

Pursuant to section 607-1403, Florida Statutes, the undersigned corporation submits the following articles of dissolution.

FIRST: The name of the corporation is J M A Supplies Medical Corp.

SECOND: The date dissolution was authorized October 15, 1997

THIRD: Adoption of Dissolution

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

The number of votes cast for dissolution was sufficient for approval by unanimous.

Signed this 15th day of October, 1997

J M A Supplies Medical Corp. Inc.

By


ALEJANDRO PEREZ PRESIDENT

, Director