

9500000095

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE INDUSTRIES, INC.

(Requestor's Name)

890 S.W. 87 AVENUE #16

(Address)

MIAMI, FLORIDA 33174 (305)552-5973

(City, State, Zip)

(Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6735

100001375131
-01/10/95--01098--002
***122.50 ***122.50

OFFICE USE ONLY

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

1. FORTUNA TRUCKING CO. INC.

(Corporation Name)

(Document #)

2. FORTUNE TRUCKING CO. INC.

(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

FILED
95 JAN -3 PM 12:43
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" 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 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

1/3/95
Examiner's Initials

ARTICLES OF INCORPORATION

OF

FORTUNA TRUCKING CO., INC.

1. the undersigned, do hereby acknowledge and file in the office of the Secretary of State of the State Of Florida, for the purpose of forming a Corporation for profit, in accordance with the Laws of State Of Florida, and do hereby adopt the following Articles of Incorporation.

ARTICLE 1

The name of the Corporation shall be :
FORTUNA TRUCKING CO., INC.

ARTICLE 2

The general nature of the business and business to be transacted are as follows:
This CORPORATION may engage in any activity or business permitted under the Laws of the UNITED STATES OF AMERICA and the STATE OF FLORIDA.

ARTICLE 3

SHARES

- a) The authorized capital stock of this Corporation shall consist of one class, namely common stock.
- b) The authorized capital stock of this Corporation shall consist of of TEN THOUSAND SHARES of common stock NO-PAR VALUE.

ARTICLE 4

The Corporation shall have perpetual existence.

ARTICLE 5

The amount of capital with which this Corporation shall begin shall be FIVE HUNDRED DOLLARS (\$ 500.00).

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TALLAHASSEE, FLORIDA

ARTICLE 6

The initial Post Office address of principal place of business of this Corporation shall be

17701 S.W. 4th COURT, PEMBROKE PINES, FL. 33029

ARTICLE 7

The Corporation shall have not less than one nor more than five Directors as provided by the Bylaws and they shall hold office for one year or until their successors have been duly elected.

ARTICLE 8

BOARD OF DIRECTORS

NAME	TITLE	ADDRESS
MARCELO C. ALI	PRESIDENT-SECRETARY	17701 S.W. 4th COURT PEMBROKE PINES, FL. 33029

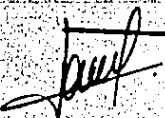
ARTICLE 9

The registered agent of this Corporation shall be :

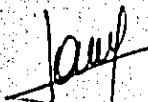
MARCELO C. ALI 17701 S.W. 4th COURT PEMBROKE PINES, FL. 33029

ARTICLE 10

The names and Post Office addresses of the subscribers to the ARTICLES OF INCORPORATION together with the number of shares which each agrees to take, and the value of the consideration for same, are as follows :

NAME	ADDRESS	NO. OF SHARES	VALUE OF SHARES
 MARCELO C. ALI	17701 S.W. 4th COURT PEMBROKE PINES, FL. 33029	500	\$ 500.00

SUBSCRIBED at Miami, Dade County, Florida, this 22 day of December,
A.D. 1994.



MARCELO C. ALI


STATE OF FLORIDA)
COUNTY OF DADE) SS:

I certify that on this day before me, a Notary Public of the State of Florida,
duly qualified and acting, personally appeared MARCELO C. ALI

to me well known, and being by me first duly sworn and cautioned, upon their oath
deposed and said that they acknowledged that they had signed the above and foregoing
ARTICLES OF INCORPORATION for the purposes therein set forth.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 22
day of December A.D., 1994

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXP. DEC. 23, 1994
BONDED THRU GENERAL INS. UMD.



NOTARY PUBLIC
ANDRES LOPEZ

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.


In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First -- That FORTUNA TRUCKING CO., INC.
desiring to organize under the laws of the State of FLORIDA with its principal office, as indicated in the Articles of Incorporation at City of PEMBROKE PINES County of BROWARD State of Florida, has named MARCELO C. ALI located at 17701 S.W. 4th COURT City of PEMBROKE PINES, County of BROWARD State of Florida, as its Agent to accept service of process within this State.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated Corporation, at place designated in these Articles of Incorporation, I, hereby, accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

BY


(REGISTERED AGENT)
MARCELO C. ALI

TALLAHASSEE, FLORIDA

95 JAN -3 PM 12:43

FILED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000000095 (6)

1. Corporation Name

FORTUNA TRUCKING CO., INC.

Principal Place of Business

17701 S.W. 4TH COURT
PEMBROKE PINES FL 33029

Mailing Address

17701 S.W. 4TH COURT
PEMBROKE PINES FL 33029

REINSTATEMENT 9600

2. Principal Place of Business

21 2300 N.W. 94 AVE

2a. Mailing Address

26 2300 NW 94 AVE

Suite, Apt., etc.

22 SUITE 200

Suite, Apt., etc.

27 SUITE 200

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

24 33172

Country

25 USA

Zip

29 33172

Country

30 USA

9. Name and Address of Current Registered Agent

ALL MARCELO C
17701 S.W. 4TH COURT
PEMBROKE PINES FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

4. FEI Number

65-0546421

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and acknowledge the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, Title, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

23 Oct 96

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD

ALL MARCELO C

17701 S.W. 4TH COURT

PEMBROKE PINES FL 33029

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNING OFFICER OR DIRECTOR

SEP 05/96

Daytime Phone #