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OFFICE USE ONLY (Document #)				
LAZARUS CORPORATE IND	USTRIES, INC.			
(Requestor's Name) 890 S.W. 87 AVENUE #1	6			
(Address)	4 (305)552-5973		#0000001482720 -03/10/350113021	
(City, State, Zip) (F	hone #)		++++122.50 ++++122.5	J.
LOCAL REPRESENTATIVE	<u> </u>	OFFICE USE ONLY		
(904)385-6735	•			
CORPORATION NAME(S) &	DOCUMENT NUME	BER(S) (if known):	F. B	
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Walk in Pick up time	2100	Certified Cop	у	
Mail out Will wait	Photocopy	Certificate of S	itatus	
NEW FILINGS	AMENDME	NTS		
Profit	Amendment		1 (5	
NonProfit	Resignation of R.A	A Officer/Director	(* Ši	
Limited Liability	Change of Registered Agent			
Domestication Domestication	Dissolution/Withdrawal		<u> </u>	
	Merger	34491		
Other	Maidel		ı	
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OTHER FILINGS	REGISTRATION QUALIFICATION			
Annual Report	Foreign	_		
Fictitious Name	Limited Partnership			
Name Reservation	Reinstatement	-	3-0	
	- Individual territorit		, 5 4	مع

Trademark Other

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

OF

TALLAIMOURE, FLUNDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

EL SABOR NICA CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE 111

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
 To have perpetual succession by its corporate name;

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of (500) shares, having an individual par value of One Dollar (1.00)

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

SANDRA MONTES

4038 N.W. 181 Lane

Miami, F1. 33055

The Principal office shall be:

LAS VILLAS PLAZA

47 33 N.W. 183 St.

Miami, F1. 33055

ARTICLE VI

The initial Board of Directors shall consist of a total of $_{
m dos}$ (2) person, and the name and address of the person who is to serve as an initial director is:

SANDRA MONTES 4038 N.W. 181 Lane Miami, F1. 33055 PRESIDENT & SECRETARY

LUISA URBINA

VICE-PRESIDENT & TREASURER

18103 N.W. 41 court

Miami, Fl. 33055

The name and address of the incorporator executing these Articles of Incorporation is:

SANDRA MONTES LUISA CIRBINA 4038 N.W. 181 Lane Miami, F1. 33055

•	ndersigned incorporator has
(ve) executed these Articles of	Incorporation this na day
of MARCH .	<u>9 95</u> .
-	
0	0.
Sandra (montes)	Hobing
SANDRA MONTES	LUESA URBINA
PRESIDENT &SECRETARY	VICE-PRESIDENT &TREASURER
STATE OF FLORIDA } SS.	
BEFORE ME, a notary publi	c authorized to take acknow-
ledgements in the state and cou	nty set forth above, personally
appeared sandra montes	known to me and
known by me to be the person(s)	who executed the foregoing
Articles of Incorporation, and	he (they) acknowledge before
me that he (they) executed thos	e Articles of Incorporation.
IN WITNESS WHEREOF, I hav	e hereunto set my hand and
affixed my official seal in the	state and county aforesaid,
this 04 day of MARCH	/19 95.
NC AS	FARY PUBLICA, STATE OF FLORIDA

My Commission Expires:

CERTIFICATE OF DESIGNATION REGISTERED AGENT/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 Fiorida.

		B: EL SABOR NIC	
The name (and address of the	registered agent and	office is:
SANDR	A MONTES		
	(1	NAME)	
4038	N.W. 181 Lane		
	(P.O. BOX	NOT ACCEPTABLE)	1
MIAMI	, FL. 33055		
	(CIT	TY/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 MARCH 04, 1995