P950000 23574

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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

OFFICE USE ONLY

-03/23/95--01071--009 ****122.50 ****122.50

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

1. UNIVERSAL TESTING EQUIPMENT, INC.
(Corporation Name) (Document #)
2. ______
(Corporation Name) (Document #)
3. ______
(Corporation Name) (Document #)
4. ______
(Corporation Name) (Document #)

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[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

NEW FILINGS	
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

3-23

Examiner's Initials	KAN

CR2E031(9/92)

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

OF

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

UNIVERSAL TESTING EQUIPMENT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1470 NE. 123RD ST. # 701
N MIAMI FL. 33181.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is autorized to have outstanding at any one time is:

500 SHARES AT $ 1.00 EACH

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JULIE MOOSA
8399 NW 66 ST # 12
MIAMI, FL. 33166

ARTICLE V INCORPORATOR(S)

The name(s)and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

JULIE MESA-8300 NW 66TH STREET # 12,MIAMI,FL. 33166 — 75% SHARES
PRESIDENT-SECRETARY-DIRECTOR

ANIBES MARTINEZ 767 WEST 2 AVENUE # 7,HIALEAH,FL. 33010 — 25% SHARES
VICE PRESIDENT-INES.-DIRECTOR

The undersigned has(have) executed these Articles of Incorporation This

22 **day of** MARCH **.19** 95

Julie Mesa
Signature/Title
PRESIDENT

Signature/Title
VICE PRESIDENT

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Status, 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: UNIVERSAL TESTING EQUIPMENT, INC.

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

JULIE MOSA

(NAME)

8399 NW 66TH STREET # 12

P.O.BOX NOT ACCEPTABLE)

MIAMI, FL. 33166

CITY/STATE/ZIP

SIGNATURE Julie Mosa
(corporate officer)

TITLE PRESIDENT

DATE 03/22/95

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 Julie Mosa

DATE 03/22/95

P95000023574

Lazarus Corp Ind Inc.
(Requestor's Name)
890 SW 87 Ave #16
(Address)
Miami FL. 33174/305 552 5573
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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-09/19/95--01052--040
*****70.00 *****35.00

200001588172
-09/19/95--01052--040
*****70.00 *****35.00

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

1. UNIVERSAL TESTING EQUIPMENT, INC.
(Corporation Name) (Document #)
2. FUTURE TECH EQUIPMENT, INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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NEW FILINGS	
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REGISTRATION/ QUALIFICATION	
	Foreign
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	Other

O/D Pes
CR 9.19

Examiner's Initials

CR2E031(10/92)

RESIGNATION

I, ANDRES MARTINEZ, hereby tender my resignation as Vice President/Treasurer/Director of UNIVERSAL TESTING EQUIPMENT, INC., a Florida Corporation, to take effect immediately.

DATED August 23, 1995

ANDRES MARTINEZ

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95 SEP 18 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SWORN TO AND SUBSCRIBED before me this 23rd day of August, 1995.

ID produced: Florida License

Notary Public, State of Florida

ISOLINA P. LIABRE
Notary Public, State of Florida
My Comm Expires Mar. 28, 1998
No. CC 359735
Bonded Thru Official Notary Service

P95-23574

ADDITIONS TO THE 1996 ANNUAL REPORT FILED 08-15-96

THE 1996 ANNUAL REPORT WAS ORIGINALLY ACCEPTED WITH AN INCORRECT FEE OF 61.25. THE CORRECT FEE SHOULD HAVE BEEN 233.75, THEREFORE, THE ATTACHED FEE IS TO MAKE UP THE DIFFERENCE. ANY OVERPAYMENTS WILL BE REFUNDED ACCORDINGLY.

800002021978--0
-12/06/96--01041--003
****233.75 ****233.75

P95 23574

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued or else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: UNIVERSAL TESTING EQUIPMENT EIN or SS#: 65-0506149

Address: 8181 NW 30th St., #15

Miami, Fl. 33154

Amount: $61.25 Date Paid 12-06-96

Reason for claim: Overpayment of annual report filing fees

DOCUMENT NUMBER P95000023574

Certified true and correct this 6 *day of* DECEMBER, *19* 96.

Signature NO SIGNATURE REQUIRED

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund $ 61.25.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01041 003 *dated* 12-06-96.

Name of Account 45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45202130001453000000022002000

Certified true and correct this _____ *day of* _____, *19* ____.

Department of State, Division of Corporations (Agency)

(Authorized Signature and Title)

CR2E060(6/95)