

P95000025391

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 MAR 30 AM 11:39

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

OFFICE USE ONLY

(904) 385-6735

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

1. VRINDAVAN R.M.V., INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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04/03/95-01073-010  
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☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

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

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DIVISION OF CORPORATIONS

Examiner's Initials

3-30  
KAN

**ARTICLES OF INCORPORATION  
OF**

**VRINDAVAN R.M.V., INC.**

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DIVISION OF CORPORATIONS  
95 MAR 30 AM 11:39

The undersigned, in order to form a corporation for the purposes hereinafter stated, by and under the provisions of the Statutes of the State of Florida, do hereby subscribe to theses Articles of Incorporation.

**ARTICLE I - NAME**

The name of this corporation is:

**VRINDAVAN R.M.V., INC.**

**ARTICLE II - ADDRESS**

The address of the principal office is 1581 Brickell Avenue #803, Miami, FL 33129 and the mailing address is the same.

**ARTICLE III - DURATION**

This corporation shall have perpetual existence. The corporate existence commences on **the date of the filing of the articles of incorporation.**

**ARTICLE IV - PURPOSE**

- a. To purchase, sell, lease, operate, own, hold, transfer, convey, mortgage, or otherwise encumber, trade, exchange, and generally deal in real estate and personal property of every kind, nature and description wheresoever located, both tangible and intangible and including choses in action, either as owner, broker, agent or factor.
- b. In the purchase or acquisition of property, business rights or franchise, or for additional working capital, or for any other objective in or about its business affairs, and without limit as to amount; to incur debts and to raise, borrow and secure the payment of money in any lawful manner, including the issue and sale or other disposition of bonds, evidences of indebtedness, whether secured by mortgage, pledge, deed of trust or

otherwise. The corporation may issue its stock for any lawful purposes, including the acquisition of any other entity.

c. To engage in any or all lawful activity and to institute, participate in and promote commercial, mercantile, financial and industrial enterprises and operations, and for the purpose of transacting any or all lawful business.

#### ARTICLE V - POWER

This corporation shall have the corporate powers enumerated in the Florida General Corporation Act.

#### ARTICLE VI - CAPITAL STOCK

This corporation is authorized to issue one thousand (1,000) shares of \$1.00 common stock, which shall be designed "Common Shares".

#### ARTICLE VII - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance actional shares) at the price at which it is offered to others.

#### ARTICLE VIII - INITIAL REGISTERED OFFICE AND AGENT

The street and address of the initial registered office of this corporation is 1581 Brickell Avenue #803, Miami, FL 33129 and the name of the initial registered agent of this corporation at that address is **Rafael A. Falconi**.

#### ARTICLE IX - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the by-laws. The names and

addresses of the initial directors of this corporation until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

NAME	ADDRESS
Rafael A. Falconi	1581 Brickell Avenue #803 Miami, FL 33129

#### ARTICLE X - INCORPORATORS


The name and address of the person signing these articles is:

NAME	ADDRESS
Rafael A. Falconi	1581 Brickell Avenue #803 Miami, FL 33129

#### ARTICLE XI - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Incorporation this 28th day of March 1995.

  
\_\_\_\_\_  
RAFAEL A FALCONI

STATE OF FLORIDA )  
 ) SS  
COUNTY OF DADE )

BEFORE ME, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared RAFAEL A. FALCONI known to me and know by me to be the persons who executed the foregoing Articles of Incorporation, and that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 28th day of March 1995.

Marcia Cisneros  
NOTARY PUBLIC  
State of Florida at Large

My commission expires:



MARCIA CISNEROS  
My Commission CC429661  
Expires Dec 27 1998  
Bonded by HAI  
800-422 1555

Having been named to accept service of process for VRINDAVAN R.M.V., INC. at the place designated in the foregoing articles of incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATE: March 28th, 1995

SIGNATURE:

Rafael A. Falconi  
Resident Agent  
RAFAEL A. FALCONI

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra L. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P95000025391 (0)  
1. Corporation Name

**VRINDAVAN R.M.V., INC.**

Principal Place of Business

Mailing Address

1581 BRICKELL AVE., #803  
MIAMI FL 33129

1501 BRICKELL AVE., #800  
MIAMI FL 33129

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 1996

mwB  
11-14-96

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1995		3a. Date of Last Report	
21	2209 Ponce De Leon Blvd Suite, Apt. #, etc.	26	2209 Ponce De Leon Blvd Suite, Apt. #, etc.	4. FEI Number 105-0568025		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Corporation	28	Corporation FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	33134	25	U.S.A.	29	33134	30	U.S.A.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FALCONI, RAFAEL A 1581 BRICKELL AVE., #803 MIAMI FL 33129				11. Pursuant to the provisions of Sections 607.0502 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 agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
SIGNATURE				FL			


12. OFFICERS AND DIRECTORS		11/07/96 DATE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> DELETE D FALCONI, RAFAEL A 1581 BRICKELL AVE., #803 MIAMI FL 33129	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 520 Brickell Key Dr. #1710 Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE 600002006296 -11/15/96--01086--019 ***375.00 ***375.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

I do hereby certify that the information supplied is true and correct.

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when renewing)

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 of Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

64 CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/96

303+46233

**Daytime Hours:**

