

P95000031131

FILED STATE  
SECRETARY OF CORPORATIONS  
95 APR 20 PM 2:57

LAZARUS CORPORATE INDUSTRIES, INC.  
(Requestor's Name)

800 S.W. 87 AVENUE, SUITE 16  
(Address)

MIAMI, FLORIDA 33174 (305)552-5973  
(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

(904)385-6735

OFFICE USE ONLY

800001463279  
-04/24/95--01055--016  
\*\*\*\*122.50 \*\*\*\*122.50

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

- "MARU" Home HEALTH CARE, INC.  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)
- \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in  Pick up time 2:10

Certified Copy

Mail out  Will wait  Photocopy

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

Examiner's Initials

KAN

4-20

95 APR 20 PM 2:57

ARTICLES OF INCORPORATION  
OF

"MARU",HOME HEALTH CARE,INC.

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:

"MARU",HOME HEALTH CARE,INC.

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 III

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 100 shares, having an individual par value of \$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:

MARIA ELENA MANZANO-GARCIA  
8211 S.W. 12 TRR.  
MIAMI FL, 33144.

The Principal office shall be:

1850 S.W. 8 ST.  
MIAMI FL. 33135.

#### ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

MARIA ELENA MANZANO-GARCIA  
8211 S.W. 12 TrR.  
MIAMI FL, 33144.

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

MARIA ELENA MANZANO-GARCIA  
8211 S.W. 12 Tr.  
MIAMI FL. 33144.

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 19th day of APRIL, 1995.

*Maria Elena Manzano-Garcia*

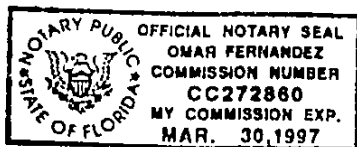
STATE OF FLORIDA     )  
                                  ) SS.  
COUNTY OF DADE     )

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared \_\_\_\_\_ 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 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 19th day of APRIL, 1995.

*Omar Fernandez*  
NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My Commission Expires:



95 APR 20 PM 2:57

**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 Florida.

1. The name of the corporation is: "MARU", HOME HEALTH CARE, INC.

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

MARIA ELENA MANZANO-GARCIA

(NAME)

8211 S.W. 12 Tr.

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33144.

(CITY/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.

SIGNATURE



DATE

04-19-1995.

P95000031131

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 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: AND DALMAU ARES EIN or SS#: \_\_\_\_\_

Address: 4080 SW 84 Ave. STE: C  
Miami, FL. 33155

Amount: 35.00 Date Paid \_\_\_\_\_

Reason for claim: Decided not File  
"MABU" HOME HEALTH CARE, INC.  
P95000031131

Certified true and correct this 20 day of Sept., 1996.

Signature [Signature]

\* 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 \$ 35.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01029 001 dated 9-9-96

Name of Account \_\_\_\_\_  
4520213000145300000000010000

Statutory Authority for Collection 607.0122

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)

LAZARUS CORPORATE INDUSTRIES, INC.  
Requestor's Name

890 S.W. 87 AVENUE SUITE:16  
Address

MIAMI, FL 33174 (305)552-5973  
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSE

900001942099  
-09/09/96--01029--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1. MARU HOME CARE, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(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

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATION

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00675, 00672

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ANA D ARES

APPROVED  
AND  
FILED

NO. 004 002  
PAGE 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

1996 OCT 25 PM 12:00  
H96000015055  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000031131

1. Corporation Name  
XX  
"MARU", HOME HEALTH CARE, INC.

Principal Place of Business Mailing Address  
XX  
1850 SW 8th Avenue 1850 SW 8th Avenue  
MIAMI, FL. 33135 MIAMI, FL. 33135

If above addresses are incorrect in any way, file through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 943-A SW 87th Avenue Suff. Apt. #, etc.		3. New Mailing Address, if Applicable Same Suff. Apt. #, etc.		4. Date incorporated or Qualified To Do Business in Florida 08-20-95	
5. FET Number 65-0575291		Applied For		Not Applicable	
City & State Miami, FL 33174		City & State		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
Zip 33174		Zip		Country	

7. Name and Street Address of Each Officer and/or Director (Florida non-POM corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PT	MARIA ELENA MANZANO-GARCIA	8211 S.W. 12 TERRACE	MIAMI, FL. 33144
VP	ARNALDO JESUS DE LA TORRE	7260 WEST 2ND., WAY	MIAMI, FL. 33014

REINSTATEMENT SCC '96  
10-25-96

8. Name and Address of Current Registered Agent Maria Elena Manzano-Garcia 8211 SW 12 Terrace Miami, FL 33144		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) Suff. Apt. #, Etc. City State Zip Code FL	
--	--	--	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0305, F.S.  
Signature of Registered Agent:   
Name: Maria Elena Manzano-Garcia  
Date: 10-24-96  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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)(b), Florida Statutes. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 807 or 817, F.S. I further certify that when filing this reinstatement application the person for dissolution has been eliminated, the corporate name satisfies the requirements of Section 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as a notary under oath.

SIGNATURE:   
Name: Maria Elena Manzano-Garcia - President  
Date: 10-24-96  
Prepared by:   
Name: Maria Elena Manzano-Garcia  
Date: 10-24-96



10/23/96

10:42

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10/25/96

DEL.METHOD..  
FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
ELECTRONIC FILING COVER SHEET

9:44 AM

((H96000015055 2))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: "MARU", HOME HEALTH CARE, INC.  
AUDIT NUMBER.....H96000015055

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$303.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX  
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

ENTER SELECTION AND (CR): M

RECEIVED

95 OCT 25 AM 11:10

COMMUNICATIONS SECTION