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1 am	NAME(S) & DOCUMENT NUMI	BER(S) (ifknown):	
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NEW FILINGS	Avenue		
Profit	AMENDMENTS		
NonProfit	Amendment		
Limited Liability	Resignation of R.A., Officer/Dir	ector	
Domestication	Change of Registered Agent	·	
··	Dissolution/Withdrawal		
Other	Merger		
OTHER			•
OTHER FILINGS	REGISTRATION/	1.100 000	
Annual Report	QUALIFICATION	W95.7869	
ictitious Name	Foreign	7284	
ame Reservation	Limited Partnership	-	
	Reinstatement		
	Trademark), 4-12

Examiner's Initials

Other

CR2E031(10/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 12, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 S.W. 87TH AVENUE #16 MIAMI, FL 33174

SUBJECT: AMAUTA, INC. Ref. Number: W95000007869

We have received your document for AMAUTA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In reviewing our records, we note there is a(n) AMAUTA, INC., Document number G30513, in existence.

Because of the similarities between the existing corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfiled and must request you return the existing corporation to good standing by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1987 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$1281.25, therefore, there is a balance of \$1158.75 due. Add an additional \$8.75 for each certificate of status requested.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens Document Specialist

Letter Number: 395A00016786

ARTICLES OF INCORPORATION

95 APR 27 PM 3: 23

OF

CHAVIN, INC.

The undersigned incorporator(s), for the purpose of lorning 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: CHAVIN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing addr.ss of this -corporation shall be:

25 N Shore Drive, Miami, Fl. 33133.

ARTICLE III CAPITAL STOCK

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

NINETY (90) SHARES OF COMMON STOCK, NONE PAR VALUE.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Eduardo A. Gandolfo, 2101 Brickell Ave., Ap. 324, Miami, Fl. 33129.

ARTICLE V INCORPORATOR(S)

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

FERNANDO GIUFFKA 25 N Shore Drive Miami, F1. 33133.

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EDUARDO A. GANDOLFO, 2101 Brickell Ave., Ap. 324, Miami, Fl. 33129.

-ne amersigned	nas(nave) executed	these Articles of Inc	orporation:
this	10th.	_day of	APRIL /	. 1995 .
			A	7
			NX	
			Signature/Tife	INCORPORATOR
			oughardre/114.167	
		·		INCORPORATOR
			Signature/Title	OCC ORTOR
			Signature/Title	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Pursuant to the provisions of Section 607.325, Florida STARTON 3: 23 the undersigned corporation, organized under the laws 25 AFR 25 three 3: 23 of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

of fidigation
1. The name of the corporation is CHAVIN, INC.
2. The name and address of the registered agent and office is:
EDUARDO A. GANDOLFO, 2101 Brickell Ave., Ap. 324,
(P.O BOX NOT ACCEPTABLE)
Miami, F1. 33129.
(CITY/STATE/ZIP)
SIGNATURE (corporate (Firef)
TITLE INCORPORATOR
DATE April 10th., 1995.
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

April 10th., 1995.

SIGNATURE

DATE ____