

P950000 38356

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

890 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

RECEIVED
MAY 15 1995

900001489379
-05/16/95--01137--017
***122.50 ***122.50

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

- ALARMAX INC.
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 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

NANCY HENDRICKS MAY 15 1995

Examiner's Initials

LAW OFFICES
QUEBADA & MARTINEZ
SUITE 200
1313 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

G. FRANK QUEBADA
ROLAND J. MARTINEZ

TELEPHONE
(305) 446-2517
TELECOPIER
(305) 446-7521

May 11, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32214

Re: Articles of Incorporation
ALARMAX INC.

Gentlemen:

Enclosed please find the following items with regard to the above referred matter:

1. Articles of Incorporation (two original sets).
2. Filing Fee in the amount of \$122.50.

Please file with the Division of Corporations at your earliest convenience.

Thank you for your attention to this matter, I remain,

Very truly yours,

Roland J. Martinez
ROLAND J. MARTINEZ

RJM/avr
Enc.: As stated

**ARTICLES OF INCORPORATION
OF
ALARMAX INC.**

FILED
95 MAY 15 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 this corporation shall be: **ALARMAX INC.**

**ARTICLE II
PRINCIPAL OFFICE**

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

**8550 WEST FLAGLER STREET
SUITE #102
MIAMI, FL 33144**

**ARTICLE III
CAPITAL STOCK**

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

1000 Shares at \$1.00 par value

**ARTICLE IV
REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent is:

**MANUEL RODRIGUEZ
8550 WEST FLAGLER STREET, SUITE #102
MIAMI, FL 33144**

**ARTICLE V
INCORPORATOR(S)**

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

**MANUEL RODRIGUEZ
8550 WEST FLAGLER STREET, SUITE #102
MIAMI, FL. 33144**

The undersigned has (have) executed these Articles of Incorporation this 11 day of May, 1995.



MANUEL RODRIGUEZ
Incorporator

Incorporator

STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the Court aforesaid, to take acknowledgments, personally appeared MANUEL RODRIGUEZ, to me known to be the person(s) described in and who executed the foregoing instrument or have produced FLORIDA DRIVER'S LICENSE as identification and who did take an oath and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 11 day of May, 1995.



NOTARY PUBLIC, State of Florida at Large

ANA V RAELE
(Print Name)

Notary Public, State of Florida
My Commission Expires June 30, 1996

My Commission Expires: _____


**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED
95 MAY 15 PM 1:43

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is: **ALARMAX INC.**

2. The name and address of the Registered Agent and office is: **MANUEL RODRIGUEZ
8550 W. FLAGLER STREET, #102
MIAMI, FL 33144**



MANUEL RODRIGUEZ
Resident Agent
Date: 05/11/95

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 THE 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.

By: 

MANUEL RODRIGUEZ
Resident Agent.

P95000038356

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

200001709302
-02/07/96--01032--018
*****35.00 *****35.00

Office Use Only

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

- 1. ALARMAX, INC. (Corporation Name) _____ (Document #) _____
- 2. _____ (Corporation Name) _____ (Document #) _____
- 3. _____ (Corporation Name) _____ (Document #) _____
- 4. _____ (Corporation Name) _____ (Document #) _____

FILED
96 FEB -7 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Walk in
- Pick up time 2:00
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
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<input type="checkbox"/>	Limited Liability
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AMENDMENTS	
<input checked="" 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

RECEIVED
96 FEB -7 PM 12:09
DIVISION OF CORPORATION

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

N. HENDRICKS FEB - 7 1996

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
ALARMAX, INC.

FILED
96 FEB -7 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

ADD ARTICLE VI TO REFLECT THE NAMES AND STREET ADDRESSES OF THE OFFICERS/DIRECTORS OF ALARMAX, INC., A FLORIDA CORPORATION, AS FOLLOWS:

ANDRE MARTINEZ - PRESIDENT/TREASURER
8550 WEST FLAGLER STREET, #102
MIAMI, FL 33144

ANTONIO RODRIGUEZ - VICE-PRESIDENT/SECRETARY
8550 WEST FLAGLER STREET, #102
MIAMI, FL 33144

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

NOT APPLICABLE

THIRD: The date of each amendment's adoption: FEBRUARY 6, 1996

FOURTH: Adoption of Amendment(s) (check one)

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 6TH day of FEBRUARY, 19 96.

Signature X 

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

ANDRE MARTINEZ
Typed or printed name

PRESIDENT/TREASURER
Title

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PA5000038350*
1 Corporation Name
AL ARMAX, INC.

Principal Place of Business Mailing Address
*8550 WEST FLAGLER ST. Suite 102.
Miami - FL - 33144.*

600001998936--1
-11/07/96--01042--021
****375.00 ****375.00

DO NOT WRITE IN THIS SPACE.

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

2 New Principal Office Address, if Applicable		3 New Mailing Address, if Applicable	
Suite, Apt. #, etc.		19411 NW 7ST	
City & State		State, Apt. #, etc.	
Zip		City & State	
Country		<i>Rembroke Pines - FLA</i>	
		Zip	
		<i>33029</i>	
		Country	
		<i>USA.</i>	

4 Date Incorporated or Qualified To Do Business in Florida		<i>5-15-95</i>	
5. FEI Number		Applied For	
<i>65-0608707</i>		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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
<i>PT/D</i>	<i>ANDRE MARTINEZ</i>	<i>19411 N.W 7 ST Rembroke Pines - Fla.</i>	<i>Rembroke Pines - FLA - 33029</i>
<i>V</i>	<i>NIDIA ELENA MARTINEZ</i>	<i>19411 NW 7ST.</i>	<i>Rembroke Pines FLA - 33029</i>
<i>S</i>	<i>ANTONIO RODRIGUEZ</i>	<i>8550 WEST FLAGLER ST. SUITE 102</i>	<i>MIAMI - FLA - 33144</i>

[Signature]
REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>Manuel Rodriguez 8550 WEST FLAGLER ST. Suite 102. MIAMI - FLA - 33144</i>		Name <i>NIDIA ELENA MARTINEZ</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>19411 NW 7ST.</i>	
		Suite, Apt. #, Etc.	
		City <i>Rembroke Pines</i>	
		State <i>FL</i> Zip Code <i>33029</i>	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date *11/2/96.*
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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, 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 if made under oath.

SIGNATURE: *[Signature]* *ANDRE MARTINEZ* Date *11/2/96* Daytime Phone # *(954) 435-1118.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRS 040 (12/95)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
96 NOV -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19W8
11-6-96

DOCUMENT # P95000039100
1. Corporation Name
Tarpon Productions, Inc.

Principal Place of Business
1341 NE 119th St.
North Miami, FL 33161

Mailing Address
c/o EML ACCOUNTING, INC
20775 NE 34 CT. #417
Aventura, FL 33157

REINSTATEMENT 1996

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

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE May 17, 1995	
City & State		City & State		7. FEI Number	
Zip		Zip		Country	
Country		Country		Country	
8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	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
PID	Robert L. Gordon	1341 NE 119th St. North Miami, FL 33161	North Miami, FL 33161

600001998876--9
-11/07/96--01042--004
****375.00 ****375.00

8. Name and Address of Current Registered Agent

Robert L. Gordon
1341 NE 119th St
North Miami, FL 33161

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-23-96

11: Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other aids 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, 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 if made under oath.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-23-96 305-891-5597
Daytime Phone #

CR2E040 (12/96)