

P950000 43791

FILED
95 JUN -7 11 12 PM
TALLAHASSEE
FLORIDA

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

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

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

LOCAL REPRESENTATIVE TALLAHASSEE
(904)385-6715

OFFICE USE ONLY

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

1. CMV SHURON AMERICA INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SUBMITTED 6/5/95
18,402.99 - 14,113.00
+++122.50 +++122.50

☒ 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 JUN - 7 1995

Examiner's Initials

ARTICLES OF INCORPORATION
OF

CMV SHURON AMERICA, 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:

CMV SHURON AMERICA, 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 1,200 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:

Norma P. Zuriarrain
2254 N.W. 94 Ave
Miami, Fl 33172

The Principal office shall be:

2254 N.W. 94 Ave
Miami, Fl 33172

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:

Moises Zuriarrain
2254 N.W. 94 Ave
Miami, Fl 33172
President

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

Norma P. Zuriarrain

Moines Zuriarrain

2254 N.W. 94 Ave

Miami, Fl 33172

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 6th day of June, 1995.

Norma P. Zuriarrain
DL. 2665-635-46-811-0

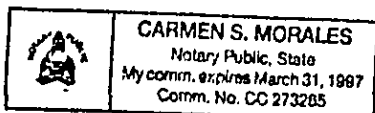
STATE OF FLORIDA }
COUNTY OF DADE } SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Norma P. Zuriarrain 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 6th day of June, 1995.

Carmen S. Morales
NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:



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: CMV SHURON AMERICA, INC.

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

Norma P. Zuriarrain

(NAME)

2254 N.W. 94 Ave

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33172

(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

Norma P. Zuriarrain

DATE

6-6-95

FROTH
 CORPORATION
 ANNUAL REPORT
 1996



COUNTY OF ...
 DEPARTMENT OF ...
 DIVISION OF ...

APPROVED
AND
FILED

96 OCT 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043791 (9)**

CMV SHURON AMERICA, INC.

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2254 N.W. 94TH AVE.
MIAMI FL 33172

References

2254 N.W. 94TH AVE.
MIAMI FL 33172

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|--|--|---|--|---|--|----------------------------------|--|
| MIAMI FL 33172 | | MIAMI FL 33172 | | 3. Date Incorporated or Qualified 08/07/1985 | | 3a. Date of Last Report _____ | |
| 2. Principal Place of Business 21. State, Apt. #, etc. 22. City & State 23. Country | | 2a. Mailing Address 26. State, Apt. #, etc. 27. City & State 28. Country | | 4. FID Number 65-06068-17 | | Applied For Not Applicable | |
| 24. Country | | 25. Zip | | 29. Country | | 30. Zip | |
| 9. Name and Address of Current Registered Agent ZURBARRAIN, NORMA P 2254 N.W. 94TH AVE. MIAMI FL 33172 | | | | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 2850 N.W. 96th Avenue 83. City Miami, FL | | | |
| 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | 12. Signature of Registered Agent Norma P. Zurbarrain | | | |
| 12. OFFICERS AND DIRECTORS 12.1 NAME PD ZURBARRAIN, MOISES 12.2 STREET ADDRESS 2254 N.W. 94TH AVE. 12.3 CITY, ST., ZIP MIAMI FL 33172 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.1 NAME 13.2 STREET ADDRESS 13.3 CITY, ST., ZIP 13.4 NAME 13.5 STREET ADDRESS 13.6 CITY, ST., ZIP 13.7 NAME 13.8 STREET ADDRESS 13.9 CITY, ST., ZIP 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST., ZIP | | | |
| 14. I, the undersigned, certify that the information furnished on this annual report or statement is true and accurate, and that my signature shall have the same effect as if made under oath. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties). | | | | 15. Signature of Officer or Director Moises Zurbarrain | | | |