

P95000047435

FILED
95 JUN 13 11:54
FBI
TALLAHASSEE

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) 385-6715

OFFICE USE ONLY

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

1. Carnaval Travel, Inc. 800001517398
(Corporation Name) (Document #) DIS/20295-011052-020
****122.50 ****122.50
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(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

NANCY HENDRICKS JUN 19 1995

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 15, 1995

LAZARUS

TALLAHASSEE, FL

SUBJECT: CARNAVAL TRAVEL, INC.
Ref. Number: W95000012213

We have received your document for CARNAVAL TRAVEL, INC. and check(s) totaling \$122.50. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks
Corporate Specialist

Letter Number: 195A00029462

ARTICLES OF INCORPORATION
OF

CARNAVAL TRAVEL & TOUR, INC.

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

The name of the corporation shall be:

CARNAVAL TRAVEL & TOUR, INC.

ARTICLE II

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

837 North Homestead Blvd.
Homestead, Florida 33030

ARTICLE III

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

500 shares (five hundred) @
\$ 1 (one dollar)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Maria D. Diaz
837 North Homestead Blvd.
Homestead, Florida 33030

ARTICLE V INCORPORATOR(S)

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

Maria D. Diaz
837 North Homestead Blvd.
Homestead, Florida 33030

The undersigned has(have) executed these Articles of Incorporation this 19th day as of May, 1995.



Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statute, 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:
CARNAVAL TRAVEL & TOUR, INC.
2. The name and address of the registered agent and office is:

Maria D. Diaz
837 North Homestead Blvd.
Homestead, Florida 33030

Signature *M. Diaz*
Title President
Date 4/2/95

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFIED, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL MY STATUS RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature *M. Diaz*
Date 4/13/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000047435**

1. Corporation Name

CARNAVAL TRAVEL & TOUR, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 OCT 15 PM 3:16

Principal Place of Business

**837 N. HOMESTEAD BLVD
HOMESTEAD FL 33030**

Mailing Address

**837 N. HOMESTEAD BLVD.
HOMESTEAD FL 33030**



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

2. New Principal Place Address, if Applicable

9995 SW 72st. 9995 SW 72st.

State, Apt. #, etc.

107

City & State

Mia FL

Zip

33173

3. New Mailing Office Address, if Applicable

State, Apt. #, etc.

107

City & State

Mia FL

Zip

33173

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1995

5. FEI Number

650590324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
Pres.	Maria Diaz	7850 SW 163 PL.	Mia FL 33193

000001985860--4
-10/25/96--01039--014
*******375.00 *****375.00**

8. Name and Address of Current Registered Agent

**DIAZ, MARIA D
837 N. HOMESTEAD BLVD.
HOMESTEAD FL 33030**

9. Name and Address of New Registered Agent

Name **Maria D. Diaz**
Street Address (P.O. Box Number is Not Acceptable)
9995 SW 72ST.
Suite, Apt. #, etc. **#107**
City **Mia** State **FL** Zip Code **33173**

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 **10-9-96**

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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

10-9-96
Date Daytime Phone #