P95000055822

| | LAZARUS CORPORATI | USTRIES, INC. | |
|----|-----------------------------------------------|--------------------------------------|-------------------------------|
| | (Requestor's Nam | | |
| | 890 S.W. 87 AVENT | SOTTE: 16 | |
| | MIAMI, FLORIDA (City, State, Zip) | (305)552-5973 OFFICE USE ONLY | · · · · · · |
| | (City, State, Zip) LOCAL <u>REPRESENTA</u> | | |
| | (904)385-6715 | | |
| | | | |
| | CORPORATION NAM | & DOCUMENT NUMBER(S) (if known): | |
| | 1 TALLETO | (Document #) | 20, 5 |
| | (Corporati | (Document #) | 87. 60 |
| | 2. (Corporati | (Document #) | |
| | _ | | <u></u> |
| | 3. (Corporati | (Document #) | |
| | 4. (Corpornti | (Document #) | To be only at 15 at 10,000 at |
| | Walk in Pi | me <u>"),),)</u> Lettified Copy | 50 (0.00) 0.00 1 |
| | Mail out W | promise. | |
| | NEW FILINGS | AMENDMENTS | |
| Ϋ́ | Profit | mendment | |
| | NonProfit | esignation of R.A., Officer/Director | |
| | Limited Liability | change of Registered Agent | |
| | Domestication | Dissolution/Withdrawal | |
| | Other | Aerger | |
| | | REGISTRATION/ | s JUL 1 9 1995 |
| | OTHER FILINGS | QUALIFICATION N. HENDRICK | 72 00E - |
| | Annual Report | oreign | |
| | Fictitious Name | mited Partnership | |
| | Name Reservation | einstatement | |
| | | rademark | ner's Initials |
| | | I CXAIIII | 141 11 /IRINARD |

Other

CR2E031(10/92)

ARTICLES OF INCORPORATION

OF

TABLER ELIAS U.S.A. 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: TALLER ELIAS U.S.A. INC.

ARTICLE 11

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 1000 (One Thousand) shares, having an individual par value of \$100.00 (One Headres)

....

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: DR. RAFAEL B. MEDINA, Ph.D. 5445 COLLINS AVENUE UNIT CU-17 MIAMI BEACH, FL. 33140

The principal office shall be:

٠.

5445 COLLINS AVE APT# 609 MIAMI BEACH, FL. 33140

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

PRESIDENT: ELIAS BALLISTRERI
5445 COLLINS AVE. APT#609
MIAM* BEACH, FL. 33140

SECRETARY/
TREASURER: TERESA VILANOVA
5445 COLLINS AVE. APT#609
MIAMI BEACH, FL. 33140

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

Lie Ricardo Rojas
International Place Building
100 S.E. 2nd St.
Miami, Fl 33130

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 18th day of July 1995.

STATE OF FLORIDA)
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 18th day of July , 1995.

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: TALLER ELLAS U.S.A. INC. | |
|----|-------------------------------------------------------------|------------------|
| 2. | The name and address of the registered agent and office is: | |
| | Dr. Rafael B. Medina, Ph.D. | |
| • | (NAME) | -1. 0 |
| | 5445 Collins Ave. Apt. #600 | FEE S THE THE |
| | (P.O. BOX NOT ACCEPTABLE) | 10 17 |
| | Miami Beach, Florida 33140 | THE STATE OF THE |
| | (CITY/STATE/ZIP) | 20 |
| | | - |

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 Foliate 7-18-95

TO : DEPARTMENT OF STATE

8/11/95

NUMBER

401

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

| * FUND * GENERAL REVENUE | AMOUNT | ***************** | ***** | **** |
|---------------------------------------|----------|--------------------|-------|-------------------|
| GENERAL REVENUE | | TMOVERNOO | KEY # | * - - * |
| | 7.00 | TAGOLETCIENT KINDS | | |
| | | VCCCONT CTORED | 2 | |
| | | ONCOURECLED EUNDS | 3 | - * |
| TOTAL | 1,072.50 | | | - * |
| · · · · · · · · · · · · · · · · · · · | ****** | *** | 4 | * |

| CROSS REF | DISTRIBUTION SAMAS CODE | DERGO | Call Call |
|--------------|--------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12 | 45-20-2-130001-45300000-00-000100-00 | REASON 1 1 1 1 1 1 1 | AMOUNT |
| 12 | 45-20-2-130001-45300000-00-000100-00 | | 10.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | | 50.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | | 70.00 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | | 122.50 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | | 122.50 |
| 12 | 45-20-2-130001-45300000-00-000100-00 | | 122.50 |

GRAID TOTAL

1,072.50

60401-E

Process Date: 07/31/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

Bill Nation_ State Treasurer