P95000062540

LAZARUS CORPORATE INDUSTRIES. . 1C. (Requestor's Name)

Other

CR2E031(10/92)

(City, State, Zip)	33174 (305)552-5973 (Phone #)	OFFICE USE ONLY
	TIVE TALLAHASSEE	
(904)385-6715		
CORPORATION NAM	IE(S) & DOCUMENT NUM	BER(S) (if known): 9000156025 -08/15/9501057003 ****122.50 ****122.
(Carporat	on Name)	(Document #)
2. (Corporat	on Name)	(Document #)
3		
,	on Name)	(Document #)
4. (Corporat	on Name)	(Document #)
Walk in P	ick up time 5,00	Certified Copy
	Vill wait Photocopy	Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	05. 53
X Profit	Amendment	
NonProfit	Resignation of R.A., Office	
Limited Liability	Change of Registered Ager	nt Andrews
Domestication	Dissolution/Withdrawal	
Other	Merger	\longrightarrow \checkmark
OTHER FILINGS	REGISTRATION/ QUALIFICATION	385
Annual Report	Foreign	(-1)
Fictitious Name	Limited Partnership	/ Y
Name Reservation	Reinstatement	
	Trademark	Examiner's Initials
	1 1	LARIMOU C MINES



FLORIDA DEPARTMENT OF STATE

August 2, 1995

Sandra B. Mortham Secretary of State

LAZARUS

MIAMI, FL

We have received your document for XCOM, CORP. and check(s) totaling \$78.75. 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) 487-6931.

Steven Godfrey Corporate Specialist

Letter Number: 495A00036405

ARTICLES OF INCORPORATION

OSO COMMUNICATION, 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 NAME

The name of the corporation shall be: OSO COMMUNICATION, ING

ARTICLE II PRINCIPAL OFFICE

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

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose D. Escobar 8801 W. Flagler St #409 miami, Fl 33174

ARTICLE V INCORPORATOR(S)

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

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27 day of July 1995.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

·
1e name of the corporation is: OSO COMMUNICATION, INC.
2. The name and address of the registered agent and office is:
Jose D. Escusan
(Name)
(P.O. Box not acceptable) #2109
(P.O. Box not acceptable) #2109
MIAMI /FL 33166
(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
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 perfor-
nance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Signature) (Date) 1 years
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