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IVISIUM OF CORPURATION
LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)
890 S.W. 87 AVENUE, SUITE: 16

(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

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

	(Corporation Name)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Document #)
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	(Corporation Name)	y	(Document #)
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	(Corporation Name)		(Document #)
Walk in	入Pick up time	9100	Certified Copy
Mail out	Will wait	Photocopy	Certificate of Status

NEW FILINGS		AMENDMENTS	
)	Profit	Amendment	
	NonProfit	Resignation of R.A., Officer/Director	
	Limited Liability	Change of Registered Agent	
	Domestication	Dissolution/Withdrawal	
	Other	Merger	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

 REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
 Other



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Examiner's Initials

CR2E031(10/92)

ARTICLES OF INCORPORATION

OF

GRAFICA OF 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:

GRAFICA OF AMERICA INC.

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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 1,000 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: Dr. Rafael B. Medina, Ph.D.

5445 Collins Ave. Unit CU-17 Miami Beach, Fl 33140

The Principal office shall be:

5445 Collins Ave. unit CU-17 Miami Beach, F1 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:

Carlos Eduardo Alves Da Silva President
Rua Coronel Vicente 212- Centro- 900040 200 Poa, RS BRASIL

Carlos Augusto Alves Da Silva Vice-President 5445 Collins Ave. #1225 Miami Beach, Fl 33140 The name and address of the incorporator executing these Articles of Incorporation is:

Dr. Rafaol B. Modina
5445 Collins Ave Unit CU-17
Miami Beach, Fl 33140

IN WITH	ESS WHEREOF, the undersigned incorporator has
(ve) executed	these Articles of Incorporation this 14 day
of August	, 19 <u>95</u> .
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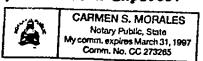
STATE OF FLORIDA) SS. COUNTY OF DADE)

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared Rafael B. Medina 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 14 day of August . 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, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

1.	The name of the corporation is: GRAFICA OF AMERICA INC.
	<u></u>
2.	The name and address of the registered agent and office is:
	Dr. Rafael B. Medina, Ph.D.
	(NAME)
	5445 Collins Ave. Unit CU-17
	(P.O. BOX NOT ACCEPTABLE)
	Miami Beach, Fl 33014
	(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

DATE

8-14-95

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