

P95000064853

55 AUG 22 PM 11:45  
DIVISION OF REGISTRATION

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

S00001566055  
-08/22/95--01061--014  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. GUIA DE FIESTAS INC.  
(Corporation Name) (Document #)
2. (Guide OF PARTIES INC)  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS		AMENDMENTS	
<input checked="" type="checkbox"/>	Profit	<input type="checkbox"/>	Amendment
<input type="checkbox"/>	NonProfit	<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Limited Liability	<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Domestication	<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other	<input type="checkbox"/>	Merger

OTHER FILINGS		REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Annual Report	<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Fictitious Name	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Name Reservation	<input type="checkbox"/>	Reinstatement
		<input type="checkbox"/>	Trademark
		<input type="checkbox"/>	Other

55 AUG 22 PM 2:19  
RECEIVED  
TALLAHASSEE FLORIDA

506

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**GUIA DE FIESTAS INC.**

I, the undersigned, being desirous of forming a corporation under the Laws of the State of Florida, declare:

**ARTICLE I**

**NAME**

The name of this Corporation shall be:

**GUIA DE FIESTAS INC.**

**ARTICLE II**

**AUTHORIZED SHARES**

The maximum number of shares which the corporation is authorized to issue and have outstanding at any time is 500 shares of common stock, and which common stock shall have a par value of \$ 1 per share. All stock is to be issued fully paid and exempt from assessment.

**ARTICLE III**

**TERM OF CORPORATE EXISTENCE**

The date when corporate existence shall commence shall be upon the filing of these Articles with the Department of State. The corporation shall have perpetual existence unless dissolved according to law.

**ARTICLE IV**

**REGISTERED OFFICE AND AGENT**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

FILED  
95 AUG 22 P 12:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

First-That GUIA DE FIESTAS INC. desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of Dania, County of Broward, State of Florida had name AMALIA MARTINEZ 11863 S.W. 34 ST., Miami, Florida, County of Dade, State of Florida, as its agent to accept service of process within this state.

Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:   
AMALIA MARTINEZ  
Registered Agent

#### **ARTICLE V**

##### **PRINCIPAL PLACE OF BUSINESS**

The principal place of business and address is the following:

**11863 S.W. 34 ST.**

**MIAMI, FLORIDA 33175**

#### **ARTICLES VI**

##### **DIRECTORS**

The business of the corporation shall be managed by a Board of Directors. The number of directors of the corporation shall be no less than (1) nor more than seven (7), the exact number to be determined from time to time in accordance with the By-Laws and any Shareholders Agreement effect.

This corporation shall have two (2) Director(s) initially.

The name and address of the initial Directors of this Corporation is:

<u>NAME</u>		<u>ADDRESS</u>
AMALIA MARTINEZ	PRESIDENT	11863 S.W. 34 ST. MIAMI, FL 33175
LENEN PERIUT	VICE-PRES	11863 S.W. 34 ST. MIAMI, FL 33175

#### ARTICLES VII

#### INCORPORATORS

The name and address of the incorporators and subscribers hereto is as follows:

<u>NAME</u>		<u>ADDRESS</u>
AMALIA MARTINEZ	50% SHARES	11863 S.W. 34 ST. MIAMI, FL 33175
LENEN PERIUT	50% SAHERES	11863 S.W. 34 ST. MIAMI, FL 33175

#### ARTICLES VIII

#### INDEMNIFICATION

Every incorporator, director and every officer of the corporation shall be indemnified by the corporation against all expenses and liabilities, including counsel fee reasonably incurred by or imposed upon him in connection with any proceeding to which he may be a party, or in which he may become involved, by reason of his being of having been a director or officer of the corporation, or any settlement thereof, whether or not he is a director or officer at the time

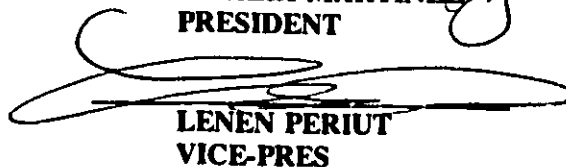
such expenses are incurred, except in such cases wherein the director or officer is adjudged guilty of willful misfeasance in the performance of his duties; provided that in the event of a settlement the indemnification herein shall apply only when the Board of Directors approves, by a two-thirds vote, such settlement and reimbursement as being for the best interests of the corporation. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which such director or officer may be entitled.

## **ARTICLE IX**

### **BYLAWS**

Where not inconsistent with law, or these Articles, the Bylaws of the corporation may contain any provision for the regulation and management of the affairs of the corporation, including but not limited to restrictions on the transfer or issuance of shares and voting and/or quorum requirements at shareholders and/or director meetings.

  
**AMALIA MARTINEZ**  
**PRESIDENT**

  
**LENEN PERIUT**  
**VICE-PRES**

WITNESS: My hand and official seal this 3rd day of AUGUST 1995, at Miami, County of Dade, State of Florida



NOTARY PUBLIC STATE OF  
FLORIDA AT LARGE

My commission expires



OFFICIAL NOTARY SEAL  
JESUS A. RUBALCABAL  
COMMISSION NO. CC390047  
MY COMMISSION EXPIRES JULY 3, 1998

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000064853 (1)**

1. Corporation Name  
**GUIA DE FIESTAS INC.**

Principal Place of Business

11863 SW 34 ST  
MIAMI FL 33175

Mailing Address

11863 SW 34 ST  
MIAMI FL 33175

FILED

96 OCT -4 PM 1:06

SECRETARY OF STATE



8/23/96

3. Date Incorporated or Qualified <b>08/22/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0604614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>11401 SW 40 ST</b>	26 <b>PO BOX 65-2855</b>
22 Suite, Apt. #, etc. <b>#20A</b>	27 Suite, Apt. # etc.
23 City & State <b>Miami, FL</b>	28 City & State <b>Miami, FL</b>
24 Zip <b>33165</b>	29 Zip <b>33165-2855</b>
25 Country <b>USA</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**MARTINEZ, AMALIA**  
**11863 SW 34 ST**  
**MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (PO Box Number is Not Acceptable)
83
84 City
85 Zip Code

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.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	VM
NAME	MARTINEZ, AMALIA	12 NAME	Susan Mesa
STREET ADDRESS	11863 SW 34 ST	13 STREET ADDRESS	11863 SW 34 S
CITY, ST, ZIP	MIAMI FL 33175	14 CITY, ST, ZIP	MIAMI, FL 331
TITLE	VD	21 TITLE	
NAME	PERUIT, LENEN	22 NAME	
STREET ADDRESS	11863 SW 34 ST	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33175	24 CITY, ST, ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

REINSTATEMENT

*[Signature]*

100001978711--7  
-10/17/96-01055--008  
\*\*\*\*375.00 \*\*\*\*375.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

8/22/96 (305)221-6076

CR2E034 (3/96)