

P95000067432

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. VINDAL CAFE CORP.
(Corporation Name) (Document #)
2. _____
(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

RECEIVED
 1995
 11/13

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

Examiner's Initials CF

11/13/95

ARTICLES OF INCORPORATION
OF
VIDAL CAFE CORP.

1115
1115
9:07

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:

VIDAL CAFE CORP.

ARTICLE II

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 500 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:

Vidal O Llerena
2257 Coral Way
Miami, Fl 33145

The Principal office shall be:

2257 Coral Way
Miami, Fl 33145

ARTICLE VI

The initial Board of Directors shall consist of a total of three(3) person, and the name and address of the person who is to serve as an initial director is:

Vidal O Llerena	President
Dunia Llerena	Secretary
Elsa Llerena	Treasurer

2257 Coral Way
Miami, Fl 33145

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

Vidal O Llerena
2257 Coral Way
Miami, FL 33145

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 30 day of August, 1995.

Vidal O Llerena

DL.#L650-874-44-148-0

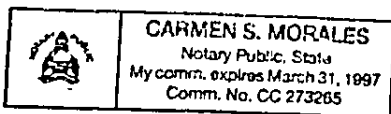
STATE OF FLORIDA }
COUNTY OF DADE } SS.

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally appeared Vidal O Llerena 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 30 day of August, 1995.

Carmen S Morales
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: VIDAL CAFE CORP.

2. The name and address of the registered agent and office is:

Vidal O. Llerena

(NAME)

2257 Coral Way

(P.O. BOX NOT ACCEPTABLE)

Miami, Fl 33145

(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 *x Vidal O. Llerena*

DATE 8-30-95

SEP 1 1995 11 2:07

STATE OF FLORIDA
SECRETARY OF STATE

P95000067432

Vidal Cafe
 2257 Coral Way
 Miami, Florida 33145

City/State/Zip Phone #

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS

Office Use Only

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

- 1 (Corporation Name) _____ (Document #) _____
- 2 (Corporation Name) _____ (Document #) _____
- 3 (Corporation Name) _____ (Document #) _____
- 4 (Corporation Name) _____ (Document #) _____

OCT 17 11 08:37

- Walk in
- Mail out
- Pick up time _____
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS	
<input 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

c/d resig.

OCT 22 1907

Examiner's Initials



Florida Department of State [redacted], Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

97 OCT 17 AM 8:37

STATE OF FLORIDA
COUNTY OF DADE

I, VIDAL LLERENA, after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct

I, VIDAL LLERENA, hereby resign as PRESIDENT of VIDAL CAFE CORP. a Florida corporation; (Name of Corporation)

That the corporation has been notified in writing of the resignation.

[Signature]
Signature of resigning officer/director

Sworn to and subscribed before me this 11th day of October, 1997.

[Signature]
NOTARY PUBLIC



N. Alberto Cuervo
MY COMMISSION # CC643553 EXPIRES
April 30, 2001

My Commission Expires: _____

FILING FEE IS \$35.00