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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 #)		OFFICE USE ONLY	
	TIVE TALLAHASSEE		1
(904)385-6715			
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CORPORATION NAM	ME(S) & DOCUMENT NUMI		
1. TIME-OUT	WITH TONV V	ALDES, INC.	<u> </u>
(Corpora	don Nerrie)	(Document #)	
2. (Corporation Name)		(Document #)	
3			
(Corporation Name) 4.		(Document #)	
(Corporation Name)		(Document #)	10
	ick up time \$200	Certified Copy	<u> </u>
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	REGISTRATION/	_	
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark		

Other

CR2E011(10/92)

Examiner's Initials

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION OF

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TIME-OUT WITH TONY VALDES, INC. 2401 SW 105 AVENUE MIAMI, FL 33165-2550

The undersigned, for the purpose of forming a Corporation for profit pursuant to the laws of the State of Florida, hereby makes, subscribes, acknowledges and files the following Articles of Incorporation:

ARTICLE I

The name of the Corporation shall be:

TIME-OUT WITH TONY VALDES, INC.

ARTICLE II

This Corporation shall have the authority to engage in any activities of business permitted under the laws of the United States of America and/or the State of Florida.

ARTICLE III

This corporation is authorized to issue 100 shares of common stock at \$1.00 par value. Each share of stock shall entitle the holder of record thereof to one vote upon each proposal presented at lawful meetings of the stockholders. No holder of common stock of this corporation shall be entitled to any right of cumulative voting.

ARTICLE IV

This corporation is to exist perpetually unless otherwise dissolved according to law.

ARTICLE V

The initial registered office of this corporation shall be: 2401 SW 105 AVENUE, MIAMI, FL 33165 and the name of the initial registered agent at that address is ANTHONY L VALDES

ARTICLE VI

This corporation shall have one Director initially, the number of directors may be increased or decreased from time to time by a vote of a majority but shall never be less than one. The name and address of the initial director is:

ANTHONY L VALDES 2401 SW 105 AVENUE MIAMI, FL 33165

ARTICLE VII

The name and address of the sole incorporator is:

ANTHONY L VALDES 2401 SW 105 AVENUE MIAMI, FL 33165

ARTICLE VIII

The power to adopt, alter, amend or repeal bylaws shall be vested in the Board of Directors and the Shareholders.

ARTICLE IX

The majority of the shares entitled to vote, represented in person or by proxy, shall constitute a quorum at a meeting of shareholders.

If a quorum is present, the affirmative vote of the majority of the shares represented at the meeting and entitled to vote on the subject matter shall be the act of the shareholders.

ARTICLE X

The corporation shall indemnify any officer, director or any former officer or director, to the full extend permitted by law.

ARTICLE XI

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on this 31st day of August 1995.

TIME-OUT WITH TONY VALDES, INC.

ANTHONY L VALDES

Incorporator

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME the undersigned authority, duly authorized to take acknowledgments in the State and County aforesaid, personally appeared, ANTHONY L VALDES, known to me to be the person described who executed the foregoing Articles of Incorporation and he acknowledged that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the State and County aforesaid on this 31st day of August, 1995

NOTARY PUBLIC, STATE OF FLORIDA, AT LARGE.

CARMEN S. MORALES
Notary Public, State
Mycomin. expires March 31, 1997
Con.m. No. CC 273255

Come Shorder

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS

CERTIFICATE OF REGISTERED AGENT

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CERTIFICATE DESIGNATING REGISTERED AGENT AND PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, AND ACCEPTANCE OF AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with section 48.091 and 607.034, Florida Statutes, the following is submitted:

FIRST, that TIME-OUT K TH TONY VALDES, INC., desiring to qualify under the laws of the State of Florida, with its principal place of business at 2401 SW 105 AVENUE, MIAMI, FL 33165, has named ANTHONY L VALDES as its agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNED:

ANTHONY L VALDES Registered Agent

DATED: August 31, 1995

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STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part; "Applications for refunds as provided in this acction shall be filed with the Computoller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

subject to refund. The following information is submitted to substantiate the claim. TIME OUT WITH TONY VALDES, INC. EIN or SS#: 65-0604641 Name: 2401 SW 105 AVENUE Address: MIAMI, FL 33165-2550 Date Paid day of _august Certified true and correct this _31 Signature * Must be completed if authority is other than Section 215.26, Florida Statutes. For Agency Use Only Agency recommends approval of above claim and submits the following information to substantlate the claim: Amount of recommended refund \$ 235 The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97053 00 Stated 8-8 Name of Account 452021300014530000000000010000 Statutory Authority for Collection It is requested that payment be made from the following account: NAME OF ACCOUNT: 45202130001453000000022002000 Certified true and correct this ____ day of ____ Department of State. Division of Corporations (Authorized Signature and Title)