95000072642

LAZARUS CORPORATE INDUSTRIES, INC

Other

Limited Partnership

Reinstatement Trademark

Fictitious Name

CR2E031(10/92)

Name Reservation

(Requestor's Name	•)		01.542 70192 501040027
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	33174 (305)552-5973	OFFICE USE ONLY	
(City, State, Zip) LOCAL REPRESENTAT			
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<u>(904)385-6715</u>			
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Annual Report	Foreign	NAD —— 18,180	P
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Examiner's Initials



Letter Number: 095A00042831

September 18, 1995

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVENUE #16 MIAMI, FL 33174

SUBJECT: J & J MEDICAL EQUIPMENT, CORP. Ref. Number: W95000018786

We have received your document for J & J MEDICAL EQUIPMENT, CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

If you have any questions concerning the filling of your document, please call (904) 487-6973.

Claretha Golden **Document Specialist**

TO THE STATE OF STATE

ARTICLES OF INCORPORATION

95 SEP 20 PM 2: 37

OF

DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP.

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:

DOMINGUEZ DE LA TORRES_MEDICAL EQUIPMENT, CORP.

ARTICLE II: PRINCIPAL OFFICE

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

390 NW 2 ST SUITE 208 MIAMI, FL 33128

ARTICLE III: CAPITAL STOCK

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

500

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

EVARISTO JESUS PEREZ
390 NW 2 ST
SUITE 208
MIAMI, FL 33128

ARTICLE V: INCORPORATOR(S)

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

EVARISTO JESUS PEREZ
390 NW 2 ST
SUITE 208
MIAMI, FL 33128

				•				
Th th	e unders is	igned h	as (have) day of	execute	d these A	rticles	of Incor	rporation
					01000	Shee	3	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, 12:37 the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the rugistered office/registered agent, in the State of Florida.

1. The name of the corporation is:

DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT , CORP.

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

EVARISTO JESUS PEREZ 390 NW 2 ST SUITE 208 MIAMI, FL 33128

SIGNATURE:	CAMON
•	(Corporate Officer)
TITLE:	er. but
DATE: 9	115/45

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE 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 AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

DATE: 9/15

REGISTERED AGENT FILING FEE: \$20.00

890 S.W. 87 AVENUE SUITE: 16

Address

MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # 100001785621 -04/18/96--01067--001 *****35.00 *****35.00

LOCAL REPRES	ENTATIVE TALLAH	ASSEE	Office Use	Only
CORPORATION	NAME(S) & DOCU	MENT NUMBE	R(S), (if known):	
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2(Corp	oration Name)	(Docum	ent#)	<i>LNC</i> ·
•	oration Name)	(Docume	ent #)	SEC
4(Corp	oration Name)	(Docume	int #)	IPR 19
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NonProfit	Resignation of R.A	., Officer/ Director		
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Other	Merger			

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	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/
 Foreign
Limited Partnership
 Reinstatement
Trademark
Other

In Imord

Examiner's Initials



April 18, 1996

LAZARUS

MIAMI, FL

SUBJECT: DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP. Ref. Number: P95000072642

We have received your document for DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If you also wish to change the principal office or mailing addresss, you must indicate the change within the document.

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) 487-6957.

Letter Number: 696A00018240

Joy Moon-French Corporate Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF



DOMESCUEZ DE LA TORRE MEDICAL EQUIPMENT, CORP.

(PRESENT NAME)

Pursuant to the provisions of section 607, 1006, Florida Statutes, this corporation adopts the following articles of amendment to its of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added, or deleted)

AMENDING: DIRECTOR

PRESIDENT/SECRETARY/TREASURER

REGISTERED AGENT

CORPORATION'S ADDRESS

ARTICLE II: 2410 East 8th Avenue, 2nd Floor, Hialeah, Fl. 33013

ARTICLE V. REGISTERED

AGENT: WALKIRIA CHENIQUE

SOC. SEC.#: 590 - 38 - 9605

FL D/L#: C520880656870

ADDRESS: 2410 East 8th Avenue, 2nd Floor, Hileah, Fl 33013

ARTICLE VI: PRESIDENT/SECRETARY/TREASURER:

DIRECTOR

Walkiria Chenique

ADDRESS: 2410 East 8th Avenue, 2nd Floor, Hialeah, Fl 33013

SECOND: If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 4-16-96

FOUR	RTH Adoption of amendment(s) (CHECK ONE)
29	The amendment(s) was/were approved by the shareholders. The number of votes cast neadments(s) was/were sufficient for approval.
() vote s	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to separately on the amendments(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval by Voting group
□ and sh	nareholder action was not required.
and sh	The amendment(s) was/were adopted by the incorporators without shareholder action holder action was not required.
and sh	nareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action
and sh	The amendment(s) was/were adopted by the incorporators without shareholder action solder action was not required. Signed this day 16th of April 19 96 Signature Userica Userica (By the Chairman or Vice Chairman of the Board of Directors, President or other office
and sh	The amendment(s) was/were adopted by the incorporators without shareholder action nolder action was not required. Signed this day 16th of April 19 96

•

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 th	e corporation is:	Domin	guez De La Torres	
			Medic	al Equipment, <u>გაგ</u> გ	
2.	The name and a	nddress of the registo	ered agent	and office is:	
		Walkiri	ia Cheniq	ue	
			(NAME)		
		2410 East 8th	Λvenue,	2nd Floor	
	•	(P.O. Box or Ma	il Drop Hox N	OT ACCEPTABLE)	
		Hialcah, Flori			
			(CITY/ST/	ATINON')	
corpoi registe of all	ration at the plored agent and a statutes relating	ace designated in t gree to act in this co	this certifi apacity. L complete p	ept service of process cate, I hereby accept further agree to compl erformance of my dutic istered agent.	the appointment as y with the provisions
	colking SIGNATURE)	Cherique	ج ۔	4-16-96 (DATE)	

P95000072642

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

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Office Use Only

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 16, 1996

LAZARUS

MIAMI, FL

SUBJECT: DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP.

Ref. Number: P95000072642

We have received your document for DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

NOTE: The above named entity is delinquent in filing its 1996 corporation annual report. The changes set forth on this document could be made on the corporation annual report.

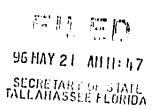
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (904) 487-6957.

Joy Moon-French Corporate Specialist

Letter Number: 096A00024374 25

ARTICLES OF AMENDMENT TO TO ARTICLES OF INCORPORATION OF



DOMINGUEZ DE LA TORRES MEDICAL EQUIPMENT, GORP

(PRESENT NAME)

Pursuant to the provisions of section 607,1006, Florida Statutes, this corporation adopts the following articles of amendments to its of incorporation:

FIRST: Amendments(s) adopted: (Indicate article number(s) being amended, added or deleted)

AMENDING: DIRECTOR

PRESIDENT/SECRETARY/TREASURER

REGISTERED AGENT CORPORATION ADDRESS

ARTICLE II: 2410 East 8th Avenue, 2nd Floor, Hialenh, Florida 33013

ARTICLE V. REGISTERED

AGENT: Richard Cabrera
SOC. SEC.#: 593-23-4351
F1. D/L#: C-16674169388-0

ADDRESS: 2410 East 8th Avenue, 2nd Floor, Hialeah, Florida 33013

ARTICLE VI: PRESIDENT/SECRETARY/TREASURER:

DIRECTOR

RICHARD CABRERA

ADDRESS: 2410 East 8th Avenue, 2nd Floor, Hialeah, Florida 33013.

SECOND: If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: May 15, 1996

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FOU	RTH:	Adoption of amendment(s)	(CHECK ONE)	
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IJ	The fi	mendment(s) was/were approved by ollowing statements must be separate e separately on the amendments(s):		
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] :harel		mendment(s) was/were adopted by the tion was not required.	e incorporators without sharehold	er nction and
		this day 15th of May, 19 96 ture 5/2	s /96	
	(By the	e Chairman or Vice Chairman of the oted by the shareholders)	Board of Directors, President or o	other officer
		OF		
		(By a director if adop		
		OF		
		(By an incorporator if adop	ed by the incorporators)	

Richard Cabrera Typed or printed name

> President Title

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607,0501, 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: Dominguez de la Torres Medical Equipment, 208 p
- 2. The name and address of the registered agent and office is:

Richard Cabrera (NAME)

2410 East 8th Avenue, 2nd Floor (P.O. Box or Mail Drop Box NOT ACCEPTABLE

Hialeah, Florida 33013 (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) 5/15/96 (DATE)