

P 96000003078

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

000001684330

-01/10/96--01066--015

\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

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

1. AVENTURA INVESTMENT CORPORATION  
 (Corporation Name) (Document #)

2. \_\_\_\_\_  
 (Corporation Name) (Document #)

3. \_\_\_\_\_  
 (Corporation Name) (Document #)

4. \_\_\_\_\_  
 (Corporation Name) (Document #)

Walk-in  Pick up time 2:00

Certified Copy

Mailout

Will wait

Photocopy

Certificate of Status

RECEIVED  
 98 JAN 10 AM 10:19  
 DIVISION OF CORPORATIONS

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 CP

1/10/96

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JAN 10 PM 2:16

**AVENTURA INVESTMENT CORPORATION**

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:

AVENTURA INVESTMENT CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

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

21378 Marina Cove Circle #15-B. Aventura, Florida 33180

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1.000 shares

at \$1.00 per share

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Martha C. Palacios: 21378 Marina Cove Circle #15-B  
Aventura Florida 33180

**ARTICLE V INCORPORATOR(S)**

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

President Martha C. Palacios  
Vice-president: 21378 Marina Cove Circle #15-B  
Secretary & Treasurer: Aventura, Florida 33180

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of December, 19 95.

Martha C. Palacios

Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$ 35.00**

**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: Aventura Investment Corporation

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

Martha C. Palacios

(NAME)

21378 Marina Cove Circle #15-B

(P.O. BOX NOT ACCEPTABLE)

Aventura, Florida 33180

(CITY/STATE/ZIP)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 10 PM 2:16

**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 Martha C. Palacios

DATE 12-12-95

Sworn to and subscribed before me this 9<sup>th</sup> day of NOVEMBER, 1996,  
by \_\_\_\_\_ He is personally known to me or has  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public, State of Florida

My commission expires:



OFFICIAL SEAL  
GISELLE GONZALEZ  
My Commission Expires  
June 23, 1996  
Comm. No. CC 210119

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DIVISION OF CORPORATIONS  
96 JAN 10 PM 2:16