LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name

890 S.W. 87 AVENUE SUITE: 16 Address

MTAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone #

DOCAL REP	RESENTATIVE TALLAHASSEE	ince Ose Only
CORPORATI	ION NAME(S) & DOCUMENT NUMBER(S), (if kn	own):
	(Corporation Name) (Document #)	
2	(Corporation Name) (Document #)	
3	(Corporation Name) (Document #)	
4	,	
``	(Corporation Name) (Document #)	:
Walk in	Pick up time 2-100 Certified	I Copy
Mail out	Will wait Photocopy Certifica	te of Status
NEW FILINGS	AMENDMENTS TO AMEND	
Profit	Amendement	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	

OTHER FILINGS **Annual Report** Fictitious Name Name Reservation



PHYSICA OF CORPORATION 95 FEB 29 AMIO: 34 RECEIVED

Examiner's Initials

TNEW

OF

PERFECT HEALTH INC.

THE UNDERSINGNED SUBCRIBERS TO THESE ARTICLES OF INCORPORATION KNOWN TO BE NATURAL PERSONS COMPETENT TO CONTRACT, HEREBY ORGANIZE AND INCORPORATE A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I. NAME

THE NAME OF THE CORPORATION IS:

PERFECT HEALTH INC.

ARTICLE II. NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATE AND OF THIS STATE.

ARTICLE III. CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE AUTSTANDING AT ANY ONE TIME IS 100 SHARE OF COMMON STOCK HAVING A NOMINAL OR PAR VALUE OF \$ 1.00 PER SHARE.

ARTICLE IV. INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION WILL BEGIN BUSINESS IS: \$ 500.00

ARTICLE V. ADDRESS

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE VI. ADDRESS

THE INITIAL POST OFFICE ADDRESS OF THE PRINCIPAL OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA IS. 11880 SW 40 ST #316 MIAMI FLORIDA 33175

THE BOARD DIRECTORS MAY FROM TIME TO TIME MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS.

ARTICLE VII. DIRECTORS

THIS CORPORATION SHALL HAVE 2 DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DIMINISHED FROM TIME TO OR NOT SO INTERESTED.

ARTCLE VII. INITIAL OFFICERS AND DIRECTORS

THE NAME AND POST OFFICE ADDRES OF NUMBER OF THE FIRST BOARD OF DIRECTORS ARE:

TOMAS GONZALEZ 11880 SW 40 ST #316 MIAMI FLORIDA 33175

VENTURA DE PAZ 11880 SW 40 ST #316 MIAMI FLORIDA 33175

THE INITIAL OFFICERS OF THIS CORPORATION ARE:

TOMAS GONZALEZ

PRESIDENTE

VENTURA DE PAZ

VICE PRESIDENTE

ARTICLE IX. AMENDMENTS

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY IT TO THE STOCKHOLDERS AND APPROVED AT THE STOCKHOLDERS' MEETING BY A MAJORITY OF THE STOCK ENTITLED TO VOTE THEREON, UNLESS ALL DIRECTORS AND ALL THE STOCKHOLDERS SING A WRITEN STATEMENT MANIFESTING THEIR INTENTION THAT A CERTAIN AMENDMENT OF THESE ARTICLES OF INCORPORATION BE MADE.

IN WITNESS THEREOF, THE UNDERSIGNED HAVE HEREUNTO SET THEIR HANDS AND SEAL AND HAVE ACKNOWLEDGED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE OF FLORIDA AS SUBSCRIBERS OF THE FOREGOING ARTICLES OF INCORPORATION THIS 23 DAY OF FEBRARY 1996.

SIGNATURES:

7

CECUTARY OF STATE DIVISION OF COSPORATIONS

96 FEB 29 PH 3: 41

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES, THE UNDERSINGED 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: PERFECT HEALTH INC.		
2. THE NAME AND ADDRESS OF THE I			
[P.O.BOX NOT AC	CCEPTABLE J		
11880 SW 40 ST #316 MIAMI FLO	ORIDA 33175		
[CITY/STATE/ZIP]			
SIGNATURE TITLE	[CORPORATE OFFICE] PRESIDENTE		
DATE	FEBRARY 23 1996		
HAVING BEEN NAMED TO ACCEPT SERVICES STATED CORPORATION, AT THE PLACE I HEREBY AGREE TO ACT IN THIS CATO COMPLY WITH THE PROVISIONS OF PROPER AND COMPLETE PERFORMANCE DUTIES AND OBLIGATIONS OF SECTIONS.	DESIGNATED IN THE CERTIFICATE PACITY, AND I FURTHER AGREE ALL STATUTES RELATIVE TO THE OF MY DUTIES, AND I ACCEPT THE ON 607.325, STATUTES.		
SIGNATURE	<u> </u>		
DATE	FEBRARY 23 1996		

REGISTERED AGENT FILLING FEE: \$20.00