0900000000000

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE: 16

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

Other

LOCAL REPRESENTATIVE TALLAHASSEE

900001792949 -03/05/96--01084--011 ***1347.50 ****122.50

Office Use Only

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

| 1. AUTO V | ARIEDAL | Des U.S/ | g. iNC. | |
|--|----------------------|------------------|-----------------------|-------------|
| 2. (Corpor | alion Name) | (Document#) | | |
| 3(Согроп | ation Name) | (Document #) | | |
| 4(Corport | ilion Name) | (Document #) | | |
| ₩alk in ☑ | Pick up time 200 | <u> </u> | Certified Copy | |
| and the same of th | Will wait | • | Certificate of Status | 25 F2 |
| EMNEW FILINGS MA | MINDMENT | SYNCHAR | ich ef componation | RECEIVED |
| Profit | Amendment | | ញ ញ ហ | 5 1 |
| NonProfit | Resignation of R.A., | Officer/Director | Ã | |
| Limited Liability | Change of Registered | I Agent | Na San | <u>#</u> 0 |
| Domestication | Dissolution/Withdray | val | 异 | • |
| Other | Merger | | · | |
| Annual Report | REGISTRAT | | | |
| Fictilious Name | Foreign | | | |
| Name Reservation | Limited Partnership | | | |
| | Reinstatement | | | |
| | Trademark | | | |

Examiner's Initials 43596

ARTICLES OF INCORPORATION

OF

AUTO VARIEDADES U.S.A. INC.

SECRETALY OF STATE
DIVISION OF CORPORATIONS

96 HAR -5 PH 2: 05

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:

AUTO VARIEDADES U.S.A. INC.

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 111

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 1,000 shares, having an individual par value of \$100.00

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: Dr. Rafael B. Medina, Ph.D. 5445 Collins Avenue Unit CU-17

Miami Beach, F1 33140

The Principal office shall be:

6970 S.W. 87th Avenue Miami, F1 33173

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

DA LAY VILLADICA O ELIAS PRESIDENT

URB. LAS DELICIAS _ TRANSVERSAL # 54 CARTAGENA, COLOMBIA CARLOS ARTURO STEVENSON VICE. PRESIDENT

URB. LAS DELICIAS _ TRANSVERSAL # 54 CARTAGENA COLOMBIA.

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

Rafael B. Medina
5445 Collins Avenue Unit CU-17
Miami Beach, F1 33140

| | (ve) executed the | | s of Incorp _, 19 <u>96</u> . | oration this | 4th day |
|----|---------------------------------|---------------|----------------------------------|---------------|------------|
| // | Soll, W | _ | | | |
| l | | | | | |
| | STATE OF FLORIDA COUNTY OF DADE |)) ss. | | | |
| | BEFORE ME, | a notary p | ublic autho | rized to take | acknow- |
| | ledgements in the | state and | county set | forth above, | personally |
| | appeared | | | known to me | and |
| | known by to be | the person | n(s) who ex | ecuted the fo | regoing |
| | Articles of Incom | poration, | and he (the | y) acknowledg | e before |
| | me that he (they) | executed | those Artic | les of Incorp | oration. |

IN WITNESS WHEREOF, I have hereunto set my hand and

affixed my official seal in the state and county aforesaid,

this ______, 19______,

IN WITNESS WHEREOF, the undersigned incorporator has

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

CHLED STATE OF CORPORATIONS 96 11/17 -5 PH 2: 05

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.

| | he name of the corporation is: <u>AUTO VARIEDADES U.S.A. INC.</u> |
|---|---|
| h | e name and address of the registered agent and office is: |
| | Dr. Rafael B. Medina |
| | (NAME) |
| | 5445 Colling Avenue Unit CU-17 |
| | (P.O. BOX <u>NOT</u> ACCEPTABLE) |
| _ | Miami Beach, F1 33140 |
| | (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

DATE 3-4-96