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LAZARUS COR	PORATE INDUSTRIES, INC.	100
R	lequestor's Name	1
890 S.W. 87	AVENUE SULTE: 16 Address	
M1AM1, FLOR City/State	1DA 33174 (305)552-5973 e/Zlp Phone //	
	SENTATIVE TALLAHASSEE	Office Use Only
	NAME(S) & DOCUMENT NUM	MBER(S), (if known):
1. 1116 M	ISSING LINK CO	
	porollon Name) (D	ocument #)
3(Cor	poration Name) (D	ocument #)
4.	[P.	ocument ")
(Cor	poration Name) (De	ocument #}
Walk in 5	Pick up time <u>9100</u>	
A ==== A	Will wait Photocopy	CO III
WINEW FILINGS	AMENDMENTS	
Profit	Amendment	JROE 33
NonProfit	Resignation of R.A., Officer/ Direc	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawnl	
Other	Merger	7. B
OTHER FILINGS Annual Report	WIEGISTRATION/S EQUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	F 3
	Reinstatement	
	Trademark	696-13168
	Other	V

CR2E031(1/95)

Examiner's Initials

391 JUN 2 1 1996



Juno 20, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: THE MISSING LINK CORP. Ref. Number: W96000013165

We have received your document for THE MISSING LINK 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 entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6052.

Sandy Ng Document Specialist

Letter Number: 596A00030732

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming accompanion under the Florida Business Corporation Act, hereby adopt(s) the following Afficies of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE MISSING LINK ENTERPRISE CORP.

ARTICLE II PRINCIPAL OFFICE

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

16210 S.W 102nd Court Miami F1.33157

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS PINO

16210 S.W 102nd CT.

MIAMI FL.33157

ARTICLE V INCORPORATOR(S)

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

CARLOS PINO 16210 B.W. 102ND CT. MIAMI FL. 33157

ARTICLE VI DIRECTOR(S)

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

JANET PINO (P) 16210 S.W. 102ND CT. MIAMI Ph. 33157

CERTIFICATE OF DESIGNATION HEGISTERED 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 effice/registered agent, in the State of Florida.

1.	The name of the corporation is: THE MISSING LINK ENTERPRISE CORP.
	The name and address of the registered agent and office is:
	CARLOS PINO (NAME)
	(P.O. BOX NOT ACCEPTABLE)
	MI PRAY 144
	(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