LANARUS CORPORATE INDUSTRIBS, 1NC. Requestor's Name 890 S.W. 87 AVENUE SUITE: 16
Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Loclin (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Will wait Photocopy Certificate of Status Mail out

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
-	Other

松村	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

RECISTRATION/ TO QUALIFICATION
 Foreign
 Limited Partnership
Reinstatement
Trademark
Other

W96-16396

Examiner's Initials SI AUG - 7 1996



August 6, 1996

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

SUBJECT: STAR'S INVESTMENTS, INC.

Ref. Number: W96000016396

We have received your document for STAR'S INVESTMENTS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and in 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.

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: 396A00037453

# ARTICLES OF INCORPORATION LOS

LATIN STAR'S, INVESTMENTS, INC. TALLAMASSEF, MANAGEMENTS

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:  $_{
m LATIN}$  STAR'S INVESTMENTS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

8550 S.W. 4ST. MIAMI FLORIDA 33144

# ARTICLE III SHÀRES

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

100SHARES AT \$100.00 PER VALUE

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

The name and address of the initial registered agent is:

MARIA NOEMI OJEA 8550 S.W. 4 ST. MIAMI FLORIDA 33144

## ARTICLE V INCOMPORATOR(S)

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

PRESIDENT / VICE PRESIDENT AND SECRETARY:

MARIA NOEMI OJEA

8550 S.W. 4 ST. MIAMI FLORIDA 33144

## ARTICLE VI DIRECTOR(S)

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

DIRECTOR:

MARIA NOEMI OJEA

8550 S.W. 4. St

MIAMI FLORIDA 33144

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

FOUR day of	AUGUST , 19 96 .
•	Maria VIII ea
	Signaluré
	Signature
	- W E
•	St
	Signature

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida Statutes, the undersigned corporation, organized under the laws of the State of Fiorida, submits the following statement in designating the registered office/registered agent, in the State of Fiorida.

1.	The name of the corporation is: LATTN STAR'S INVESTMENTS	i, inc.
2.	The name and address of the registered agent and office is:	<u></u> .
	MARIA NOEMI OJEA	[]. (V)
	(NAME)	The state of the s
	8550 S.W. 4 ST.	
	(P.O. BOX NOT ACCEPTABLE)	11: 38 FLORIDA
	MIAMI FLORIDA 33144	Dr.
	(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 PELATING 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

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