

P 960000 67725

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

Office Use Only

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

1. ABC DEL VITRAL CORPORATION  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| 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                                 |

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| 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               |

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 DIVISION OF CORPORATION

## **ARTICLES OF INCORPORATION**

*The Understgned 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: **ABC del Vitral Corporation.**

### **ARTICLE II PRNCIPAL OFFICE**

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

**854 N.W. 87 Ave # 506  
Miami, Fl 33172**

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
**100,000 Shares of \$1.00**

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

The name and address of the initial registered agent is:

**Sandra Guerrero  
854 N.W. 87 Ave # 506  
Miami, Fl 33172**

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**ARTICLE V INCORPORATOR(S)**

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

**Jairo Alejandro Castro  
Alirio Castro  
Cecilia Arias de Castro  
Paris 1229 y Tomas de Berlanga  
Quito, Ecuador**

**ARTICLE VI DIRECTOR(S)**

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

**Jairo Alejandro Castro  
President**

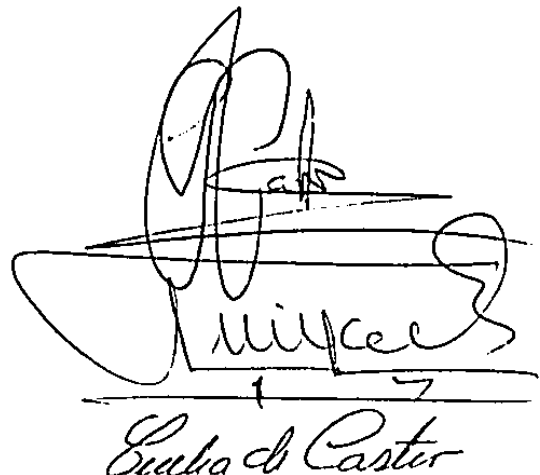
**Alirio Castro  
Vice-President**

**Cecilia Arias de Castro  
Secretary**

**Paris 1229 y Tomas de Berlanga  
Quito, Ecuador**

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

13 day of August ,1996 .



*Cecilia Arias de Castro*

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organization, or individual, 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: **ABC del Vital Corporation.**

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

**Sandra Guerrero**

\_\_\_\_\_  
(NAME)

**854 N.W. 87 Ave # 506**

\_\_\_\_\_  
(P.O.BOX NOT ACCEPTABLE)

**Miami, FL 33172**

\_\_\_\_\_  
(CITY/STATE/ZIP)

TALLAHASSEE, FLORIDA

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611 270

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 \_\_\_\_\_

*[Signature]*  
8-12-76