Re 890 S.W. 87 MIAMI, FLORI City/State LOCAL REPRES	Address DA 33174 (305)552-5973 Zip Phone # SENTATIVE TALLAHASSEE	555/ : # # # # # 1 * # * * * * * * * * * * * *
1. TROPICOT 2. (Corp. 3. (Corp. 4. (Corp. Walk in	poration Name) (I	Document #) Document #) Document #) Certified Copy FR. The state of
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDMENTS Amendment Resignation of R.A., Officer/ Dir Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION Foreign Limited Partnership Reinstatement Trademark Other	Certificate of Status RECEIVED PS AUG 16 AH 10: 57 OIVISION OF CORPORATION Examiner's Initials S. AUG 2 0 1996



Secretary of State

August 16, 1996

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

SUBJECT: TROPRICUBA, INC. Ref. Number: W96000017218

We have recoived your document for TROPRICUBA, INC. 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 designation of the registered agent must be at a Florida street address.

You must list at least one incorporator with a complete business street address.

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) 488-900ó.

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**

36 AUG 20 AN 10:

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



August 20, 1996

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

SUBJECT: TROPRICUBA CAFETERIA, INC.

Ref. Number: W96000017218

We have received your document for TROPRICUBA CAFETERIA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

The designation of the registered agent must be at a Florida street address.

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: 796A00039131

RECEIVED

ARTICLES OF INCORPORATION

Ol

TROPICUBA CAFETERIA, INC. 96 AUG 21 PHI2: 10

The undersigned subscribers to these articles of LAHASSEE, FLORIDA incorporation Known to be natural persons competent to contract, hereby organize and incorporate a corporation under the laws of the State of Florida.

ARTICLE 1. NAME

The name of the Corporation is: TROPICUBA CAFETERIA, INC.

ARTICLE 11. NATURE OF DUSINESS

The corporation may engage in any activity or business permitted under the laws of the United State and of this State.

ARTICLE III. CAPTIAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 is shares 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: \$ 100.00

ARTICLE V. TERM OF EXISTENCE

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

316 ELLAMAR RD WEST PALM BEACH FL. 33405
The Board of 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.

ARTICLE VIII. INITIAL OFFICERS AND DIRECTORS

The name and post office addresses of the number of the first Board of Directors are:

VIVIAN ALEMAN

BELKYS PEREZ

316 ELLAMAR RD - W.P.B. FL. 33405

316 ELLAMAR RD W.P.B. FL. 33405

The initial officers of this Corporation are:

VIVIAN ALEMAN

BELKYS PEREZ

ARTICLE IX. AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every emendment 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 sign a written 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 24 day of JULY

Signatures:

VIVIAN ALEMA BELKYS PEREZ

316 ELLAMAR RD. W.P.B

FLORIDA 33405

INCORPORATOR

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, 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.

۱.	THE NAME OF THE CORPORATION IS: TROPICUBA CAFETERIA, INC.
2.	THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:
	BELKYS PEREZ 316 ELLAMAR RD.
	(P.O.BOX NOT ACCEPTABLE)
	WEST PALM BEACH, FLORIDA 33405 (CITY/STATE/ZIP)
•	SIGNATURE CORPORATE OFFICER)
	TITLE DIRECTOR
	· · ·
	DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES

REGISTERED AGENT FILING FEE: \$20.00

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