

P96000071169

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

96 AUG 27 AM 11:56

890 S.W. 87 AVENUE SUITE 16

Address

TALLAHASSEE, FLORIDA

MIAMI, FL 33174

(305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

000001993033  
08/27/96--01107--009  
\*\*\*\*122.50 \*\*\*\*122.50

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

1. LOS ANDES PHARMACY CORPORATION  
(Corporation Name) (Document #)
2. Translative The ANDES PHARMACY CORPORATION  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in    
  Pick up time 2:00    
  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                                 |

| 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               |

RECEIVED  
 96 AUG 27 AM 11:12  
 DIVISION OF CORPORATION

Examiner's Initials JH 11/17/96

**ARTICLES OF INCORPORATION**

**OF**

**FILED**

**LOS ANDES PHARMACY CORPORATION**

96 AUG 27 AM 11:56

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:

LOS ANDES PHARMACY CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

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

5755 WEST FLAGLER ST. No.110  
MIAMI FL. 33144  
PHONE No. (305) 264 1322

**ARTICLE III CAPITAL STOCK**

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

1,000 SHARES OF COMMON STOCK AT PAR VALUE OF \$ 1.00 EACH  
(TOTAL ONE THOUSAND DOLLARS \$1,000.00)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

JOSE TOVAR  
9272 S.W. 149th.AVE.  
MIAMI FL. 33196  
PHONE No. (305) 385 2720

**ARTICLE V INCORPORATOR(S)**

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

- JOSE I. TOVAR : PRESIDENT-TREASURER  
9272 S.W. 149th.AVE.  
MIAMI FL. 33196  
PHONE. (305) 385 2720
  
- SONIA E. LEON : VICE-PRESIDENT  
9272 S.W. 149th.AVE.  
MIAMI FL. 33196  
TELEPHONE #(305) 385 2720
  
- ANDREA TOVAR : SECRETARY  
9272 S.W. 149th. AVE.  
MIAMI FL. 33196  
PHONE No. (305) 385 2720

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

26th day of AUGUST, 19 96

*[Handwritten Signature]*  
JOSE I. TOVAR Signature/Title PRESIDENT  
TREASURER

*[Handwritten Signature]*  
SONIA E. LEON Signature/Title VICE PRESIDENT

*[Handwritten Signature]*  
ANDREA TOVAR Signature/Title SECRETARY

Sworn and Subscribed by Jose I. Tovar, Sonia E. Leon & Andrea Tovar, whose are personally known to me, on this August 26 of 1996, at Miami, Florida, Dade County.

*[Handwritten Signature]*  
FILEMON A. RUIZ  
Notary Public  
State of Florida, at large.

My Commission expires:



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

**FILED**

96 AUG 27 AM 11:56

SECRETARY OF STATE  
STATE OF FLORIDA

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.

1. The name of the corporation is: LOH ANDREI PHARMACY CORPORATION

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

JOSE I. TOVAR  
(NAME)

9272 S. W. 149th. AVE.

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL. 33196

(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

JOSE I. TOVAR

DATE

AUGUST. 26th, 1996