P96000071169

LAZARUS CORPORATE INDUSTRIES, INC.
Requestor's Name

890 S.W. 87 AVENUE SUITE:16
Address

MIAMI, FL 33174 (305)552-5973
City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSE

96 AUG 27 AM 11:56

TALLAHASSEE, FLORIDA

000001933093
-08/27/96--01107--009
****122.50 ****122.50

Office Use Only

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

1. LOS ANDES PHARMACY CORPORATION
(Corporation Name) (Document #)

2. Translation. The Andes Pharmacy Corporation
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- [x] Walk in
- [x] Pick up time 2:00
- [x] Certified Copy
- [ ] Mail out
- [ ] Will wait
- [ ] Photocopy
- [ ] Certificate of Status

RECEIVED
96 AUG 27 AM 11:12
DIVISION OF CORPORATION

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	JH 8/27/96

CR2E031(1/95)

ARTICLES OF INCORPORATION

OF

FILED

96 AUG 27 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS ANDES PHARMACY CORPORATION

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

JOSE I. TOVAR Signature/Title PRESIDENT TREASURER

SONIA E. LEON Signature/Title VICE PRESIDENT

ANDREA TOVAR Signature/Title SECRETARY

Sworn and Subscribeb 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.

FILEMON A. RUIZ
Notary Public
State of Florida , at large.

My Commission expires:

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
FILEMON A RUIZ
COMMISSION NUMBER
CC539753
MY COMMISSION EXPIRES
MAR. 29,2000

FILED

96 AUG 27 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED 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 office/registered agent, in the State of Florida.

1. The name of the corporation is: LOU ANDMI 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