

P96000084132

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

300001971443  
-10/11/96--01026--021  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. CARIBE FARMACO INTERNATIONAL, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(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

FILED  
95 OCT 11 PM 12:20  
TALLAHASSEE, FLORIDA  
STATE

RECEIVED  
95 OCT 11 AM 11:07  
DIVISION OF CORPORATION

**ARTICLES OF INCORPORATION**  
**OF**

CARIBEFARMACO INTERNATIONAL, INC.

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:

CARIBEFARMACO INTERNATIONAL, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

10300 S.W. 72 STREET, SUITE 350  
MIAMI, FL. 33173

**ARTICLE III CAPITAL STOCK**

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

500 SHARES AT \$ 1.00 EACH

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

MIGUEL ANGEL ARANCO  
11165 NW 3TH STREET  
MIAMI, FL. 33172

FILED  
96 OCT 11 PM 12:19  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA


**ARTICLE V INCORPORATOR(S)**


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

MIGUELA ANGEL ARANCO.- PRESIDENT/DIRECTOR.-11165 N.W. 3TH STREET,MIAMI,FL. 33172	33.33%
IBRAHIM SANTOS.- SECRETARY /DIRECTOR .-11049 SW. 70 TERR.MIAMI,FL. 33173	33.33%
JOSE PENA.- VICE /DIRECTOR .- 165 S.W. 130 AVE.MIAMI,FL. 33184	33.33%
PRESIDENT	

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

\_\_\_\_\_ 7 \_\_\_\_\_ day of \_\_\_\_\_ OCTOBER \_\_\_\_\_, 19 96 \_\_\_\_\_

  
\_\_\_\_\_  
Signature/Title PRESIDENT

  
\_\_\_\_\_  
Signature/Title

  
\_\_\_\_\_  
Signature/Title

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

Pursuant to the provisions of section 607.0501, 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: CARIBEFARMACO INTERNATIONAL, INC.

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

MIGUEL ANGEL ARANCO  
(NAME)

11165 NW. 3TH STREET  
(P.O. BOX **NOT** ACCEPTABLE)

MIAMI, FL 33172  
(CITY/STATE/ZIP)

SIGNATURE

  
(corporate officer)

TITLE

PRESIDENT

DATE

10/07/96

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

  
10/07/96

FILED  
95 OCT 11 PM 12:19  
TALLAHASSEE FLORIDA