

P 96000085790

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

700001978747--5  
10/17/96--01056--013  
\*\*\*122.50 \*\*\*122.50

Office Use Only

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

1. KARINA U.S.A. CORPORATION  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in

Pick up time 2:05

Certified Copy

Mail out

Will wait

Photocopy

Certificate of State

FILED  
 95 OCT 17 AM 11:51  
 TALLAHASSEE, FLORIDA

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  
 95 OCT 17 AM 11:08  
 DIVISION OF CORPORATION

Examiner's Initials SH OCT 17 1996

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26 OCT 17 11:51  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF**

**KARINA U.S.A. CORPORATION**

**THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.**

**ARTICLE I**

**The name of this corporation shall be:**

**KARINA U.S.A. CORPORATION**

**ARTICLE II**

**This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.**

**ARTICLE III**

**The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:**

**(1) / Transact any and all lawful business.**

**(2) Said corporation shall further have powers:**

**To have perpetual succession by its corporate name;**

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 501 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

**ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Hector Rivera  
1750 West 46 St. #121  
Hialeah, Fl 33012

The Principal office shall be:

1750 West 46 St. #121  
Hialeah, Fl 33012

**ARTICLE VI**

The initial Board of Directors shall consist of a total of two (2) person, and the name and address of the person who is to serve as an initial director is:

Mirla Davila	President
Hector Rivera	Vice-President

1750 West 46 St. #121  
Hialeah, Fl 33012

The name and address of the incorporator executing these Articles of Incorporation is:

Miria Davila  
1750 West 46 St. #121  
Hialeah, Fl 33012

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 16 day of October, 1996.

\* Miria Davila

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

*Free Press*

DATE 10-16-96

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA