

P960000 93749

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

300002005703--7

-11/15/96--01045--008

***122.50 ***122.50

Office Use Only

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

1. CARE NET USA, CORP.
(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
96 NOV 15 PM 1:34
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF**

CARE NET USA, CORP.

ARTICLE I

The name of the corporation is: **CARE NET USA, CORP.**

ARTICLE II

The Corporation may engage in or transact in any or in all activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III

The Corporation is authorized to issue and have outstanding an aggregate number of Five Hundred (500) shares of one class of common stock, having a par-value of One (\$1.00) Dollar per share. This consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV

All shareholders of the Corporation shall be vested with full preemptive rights.

ARTICLE V

The Corporation initial Registered Agent and Registered Office in the State of Florida are:

INITIAL REGISTERED AGENT: Marcos Emilio Silverio

**INITIAL PRINCIPAL OFFICE : 3900 NW 79th Ave. Ste.300
and REGISTERED OFFICE Miami, Fl 33166**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named Initial Registered Agent to accept service of process of the Corporation at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the law pertaining thereto.

ARTICLE VI

The number of Directors constituting the Initial Board of Directors of the Corporation is one, the number of Directors may be increased or decreased from time to time by Laws but shall never be less than one.

ARTICLE VII

The name and address of the members of the Initial Board of Directors is:

Name	Address
Marcos Emilio Silverio	10331 SW 211 St. Miami, Fl. 33189
Idalia Puente	12214 SW 105th Lane Miami, Fl. 33186
Maria Elena Buznego	7520 Lochness Dr. Miami Lakes, Fl. 33014


ARTICLE VIII

The name and addresses of the Incorporators executing these Articles of Incorporation are:

Title/Name	Address
President : Marcos Emilio Silverio	10331 SW 211 St. Miami, Fl 33189
Vice-President: Idalia Puente	12214 SW 105th Lane Miami, Fl 33186
Treasurer: Maria Elena Buznego	7520 Lochness Dr. Miami Lakes, Fl.33014.

27.2

Lucretia

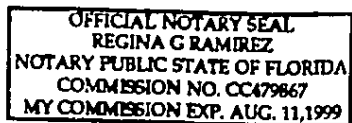

Maria Elena Buznego


ACKNOWLEDGMENT

STATE OF FLORIDA]
COUNTY OF DADE]
_____]

Before a Notary Public authorized to take acknowledgment in the STATE OF FLORIDA and COUNTY OF DADE, set forth above, personally appeared Marcos Emilio Silverio, Idalia Puente and Maria Elena Buznago----- known to me and by me to be the person(s) who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set hereunto my hand and seal
affixed in the STATE OF FLORIDA, COUNTY OF DADE, this 7th day of
November, 1996.





Notary Public

STATE OF FLORIDA AT LARGE

My commission expires: August 11, 1999

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 and 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: **CARE NET USA, CORP.**
2. The name and addresses of the registered agent and office is:
Marcos Emilio Silverio
3900 NW 79th Ave. Ste.300
Miami, Fl. 33166

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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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