INDUSTRIES, Requestor's Name

890 S.W. 87 AVENUE SUITE: 16

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

LOCAL REPRESENTATIVE TALLAHASSEE

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

croma de (Document #) (Document #) (Document #) (Document #) E Certified Copy Certificate of Status MINE Profi Nonl ector **Limited Liability** Change of Registered Agent Domestication Dissolution/Withdrawat

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	Fictitious Name
	Name Reservation

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Trademark
Other

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W96-2536

DEC - 5 1996 QN

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State

December 4, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: AROMA DE CAFE INC. Ref. Number: W96000025386

We have received your document for AROMA DE CAFE INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or all is not distinguishable from the name of an existing entity. Simply adding "of "Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a Cdifference. Please select a new name and make the substitution in all appropriate uplaces. One or more words may be added to make the name distinguishable current the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 896A00054394

ARTICLES OF INCORPORATION:

96 DEC -5 PH 3: 20

TALLAMASSEE, FLORIDA
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 | NAME

The name of the corporation shall be:

MOLIENDO CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

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

8241 SW 40th STREET MIAMI, FL. 33155

ANTICLE III SHÀRES

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

100 (ONE HUNDRED) Shares

ABTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN V. COLLADO 6325 SW 147th PLACE CIRCLE MIAMI, FL. 33193.

ARTICLE V INCOMPONATOR(S)

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

JUAN V. COLLADO MARIA DE LOURDES COLLADO 6325 SW 147th PLACE CIRCLE MIAMI, FL. 33193

ARTICLE VI DIRECTOR(S)

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

JUAN V. COLLADO (P)

MARIA DE LOURDES COLLADO (VP, & S)

6325 SW. 147th PLACE CIRCLE

MIAMI, FL. 33193

me undersigned	I incorporator (s	i) has(have) e	xecuted these Articles of Incorporation t	hls
DECEMBER	day of _	03		
			han Rolled	
			Signature	
		- M.	Signalure College	
			Signature	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Fiorida 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: MOLIENDO CAFE, INC.	
		TĂ.
2.	The name and address of the registered agent and office is:	FIEC-5
	JUAN V. COLLADO	
	(NAME)	20R
	6325 SW 147th PLACE CIRCLE	20 TATE ORIDA
	(P.O. BOX NOT ACCEPTABLE)	
	MIAMI, FL. 33193	
	(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 CAPAC! Y. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE FERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE_	/4000	lal.	
DATE 12-0:	/ 3-96		