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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

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	Office Coc Only			
CORPORATION	NAME(S) & DOCUMENT NUMBER(S), (if known):	-		
1. MIRA (Co)	MAR SENIOR CARE, INC. poration Name) (Document #)			
2. <u>(Cor</u>	poration Name) (Document #)			
3(Cor	poration Name) (Document #)			
4(Cor	rporation Name) (Document #)			
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Mail out	Will wait Photocopy Certificate of Status			
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	Foreign
	Limited Partnership
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Examiner's Initials		

LAW OFFICES

Alberto J. Parladé

3850 SOUTHWEST 87TH AVENUE

SUITE 207

MIAMI, FLORIDA 33165

ALBERTO J. PARLADÉ, ESQ. JUAN E. FIGUERAS, ESQ. CLAUDIO RIVERA, ESQ. TELEPHONE (305) 552-5777

TELECOPIER (305) 552-9954

January 17, 1997

Secretary of State Division of Corporation Caller Service #1500 Tallahassee, Florida 32302-1500

RE: Filing of Articles of Incorporation for: MIRAMAR SENIOR CARE, INC.

Dear Sir or Madam:

The undersigned is the attorney for the above referenced Corporation.

Enclosed herein please find check covering the following fee:

- Filing Articles of Incorporation \$ 70.00 - Certificate of Good Standing \$ 8.75

TOTAL: \$ 78.75

Upon filing the Articles of Incorporation, please return the Certificate of Good Standing along with a copy of the Articles stamped "FILED" to the undersigned at your earliest possible convenience.

If you have any questions or need any additional information, please do not hesitate to contact our office. Thank you for your prompt attention in this matter.

Very truly yours,

eraudio Rivera, Esq.

Enclosure

ARTICLES OF INCORPORATION

FILED

<u>OF</u>

97 JAN 21 PH 4: 04

MIRAMAR SENIOR CARE, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MIRAMAR SENIOR CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

19416 N.W. 82nd Place Miami, FL 33015

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000.00 shares of One (\$1.00) Dollar par value each.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ROLANDO VALDES 19416 N.W. 82nd Place Miami, FL 33015

ARTICLE V INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) Director initially. The number of Directors may be increased or diminished from time to time by the By-laws but shall never be less than one (1). The names and addresses of the initial Directors of this corporation are:

ROLANDO VALDES 19416 N.W. 82nd Place Miami, FL 33015

ARTICLE VI INITIAL OFFICERS

The names and street addresses of the initial officers of this corporation are:

ROLANDO VALDES -=- PRESIDENT/TREASURER/SECRETARY

ARTICLE VII INCORPORATOR

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

ROLANDO VALDES 19416 N.W. 82nd Place Miami, FL 33015

The undersigned has executed these Articles of Incorporation this

/7 day of January, 1997.

ROLANDO VALDES, Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

FILED 97 JAN 21 PM 4: 04

Pursuant to the provisions of section 607.0501, Florida Ashamites, OF STATE the undersigned corporation, organized under the laws of State of FLORIDA Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MIRAMAR SENIOR CARE, INC.

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

ROLANDO VALDES 19416 N.W. 82nd Place Miami, FL 33015

Signature

ROLANDO VALDES, PRESIDENT

Date: January // 7, 1997.

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 STATUES 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

ROLANDO XALDES