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LAZARUS CORPO	ORATE INDUSTRIES, INC.	:
890 S.W. 87	AVENUE SUITE: 16 Address	17ALL 177
City/State/Z	DA 33174 (305)552-5973 Zip Phone # ENTATIVE TALLAHASSEE	Office Use Only
CORPORATION N	NAME(S) & DOCUMENT NUM	BER(S), (if known):
1. GLORIA (Corpo	4 20 <i>PEZ (0</i> 084	PORATION Surrient #)
2. <u>(Corp</u> c	Dration Name) (Doc	cument #)
•	oration Name) (Doc	cument #) -0.707.79 ().12 ().13 -0.707.79 ().12 ().13 -0.404 ().12 ().13 cument #)
4(Corpo	oration Name) (Doc	*###1 27, 30 **##1 20, 50 cument #)
	Pick up time	Certified Copy
	Will wait Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Direct	lor 3
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
THE CONTROLLINGS	REGISTRATION AND ADDRESS OF THE PROPERTY OF TH	
Annual Report		270
Fictitious Name	Foreign	7-310
Name Reservation	Limited Partnership	W97-370
	Reinstatement	v
	Trademark	
	Other	

CR2E031(1/95)

Examiner's Initials

FEB 26 1997.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 7, 1997

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

SUBJECT: GLORIA LOPEZ CORPORATION

Ref. Number: W9700000370

We have received your document for GLORIA LOPEZ CORPORATION 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 document must state the number of shares of authorized stock.

The name designated in your document is unavailable since it is the same as, or it 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 difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from 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: 397A00000752

96 FEB 26 PM 2:53

ARTICLES OF INCORPORATION 97 FED 26 PH 3: 09

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: GLORIA LOPEZ R.N. CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

5501 S.W. 65T Miami Fl 33134

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Бюріа борег 5501 б. W. 657 Міамі Fl 33134

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):			
Libria Lopez			
5501 S.W. 63T			
Miami ^o Fl 33134 ARTICLE VI DIRECTOR(S)			
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):			
LIloria Jopez			
5501 S.W. 63T			
Hiami Pl 33134			
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this			
day of \underline{Dec} , 19 \underline{qG} .			
Dhops			
Signature			
Signature			
Signature			

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 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: GLORIA LOPEZ R.N. CORPORATION	
2.	The name and address of the registered agent and office is:	
	Liloria Jopez	
	(NAMÉ)	
	5501 S.W. 63T	
	(P.O. BOX NOT ACCEPTABLE)	
	Miami F/ 33134.	, ra=
	(CITY/STATE/ZIP)	: 32
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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.