

# P97000022382

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

Office Use Only

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

1. MAGICWORLD MULTISERVICES, 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

FILED  
97 NOV - 7 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input 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 checked="" type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

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-11/06/97--01031--034  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

| 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               |

RECEIVE  
97 NOV - 6 AM 11  
DIVISION OF CORPOR

147  
Jon  
Vol  
Diss



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 6, 1997

LAZARUS

MIAMI, FL

SUBJECT: MAGICWORLD MULTISERVICES, CORP.  
Ref. Number: P97000022382

We have received your document for MAGICWORLD MULTISERVICES, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of filing of the Articles of Incorporation must be indicated in the section titled "Second".

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 (850) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 997A00053778

RECEIVED  
97 NOV -7 PM 2:58

ARTICLES OF DISSOLUTION

FILED

97 NOV -7 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to 607.1401, Florida Statutes, this corporation submits the following articles of dissolution:

FIRST: The name of the corporation is MAGICWORLD MULTISERVICES, CORP.

SECOND: The articles of incorporation were filed on 3-12-97

THIRD: (check one)

- ☒ None of the corporation's shares have been issued.  
☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (check one)

- ☒ A majority of the incorporators authorized the dissolution.  
☐ A majority of the directors authorized the dissolution.

Signed this 5 day of NOVEMBER, 19 97

Signature

[Signature]  
(By an incorporator if adopted by the incorporators or by the chairman or vice chairman of the board, president, or other officer if adopted by the directors)

OSEAS RAMIREZ

(Typed or printed name)

PRESIDENT/DIRECTOR

(Title)

STATE OF FLORIDA  
11/5/97

[Signature]  
NOTARY PUBLIC



VIVIAN HERNANDEZ  
My Comm Exp 12-30-99  
COMM No CC 518971

☒ Personally Known [ ] Other ID