

# P97000027399

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

000002124890--1  
-03/26/97--01094--016  
\*\*\*\*122.50 \*\*\*\*122.50

Office Use Only

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

1. MULTI PLEX MECA NOGRAPHICS INC.  
(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  
 97 MAR 26 PM 3:33  
 SECTION 605 STATE  
 TALLAHASSEE, FLORIDA

57 MAR 25 PM 11:14  
 DEPT. OF REVENUE

Examiner's Initials	
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# ARTICLES OF INCORPORATION

MULTIPLEX MECANOGRAPHICS INC.

*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.*

FILED  
97 MAR 26 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be: MULTIPLEX MECANOGRAPHICS INC.

## ARTICLE II PRINCIPAL OFFICE

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

500, 13th. Street, #12, Miami Beach, Florida, 33139.

## ARTICLE III SHARES

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

One thousand (1.000) Shares (common) Stock at One Dollar (1.00) par value each.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: ROBERT RICARD

500, 13street, # 12, Miami Beach, FL.33139.

ARTICLE V INCORPORATOR(S)

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

ROBERT RICARD 500, 13th. St. #12, Miami Beach, FL. 33139.  
SALOMON UTRERA SR. 500, 13th. St. #12, Miami Beach, FL. 33139.  
Salomon UTRERA Jr. 500, 13th. St. #12, Miami Beach, FL. 33139.  
ANA VERONICA PETIT 500, 13th. St. #12, Miami Beach, FL. 33139.

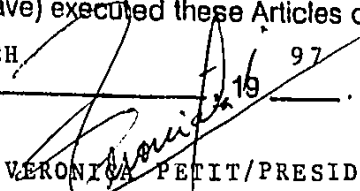
ARTICLE VI DIRECTOR(S)

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

ROBERT RICARD 500, 13th. St. #12, Miami Beach, FL. 33139.  
SALOMON UTRERA SR. 500, 13th. St. #12, Miami Beach, FL. 33139.  
SALOMON UTRERA Jr. 500, 13th. St. #12, Miami Beach, FL. 33139.  
ANA VERONICA PETIT 500, 13th. St. #12, Miami Beach, FL. 33139.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25th day of MARCH 19 97

  
ANA VERONICA PETIT/PRESIDENT

Signature

SALOMON UTRERA SR./V.PRESIDENT

Signature

SALOMON UTRERA Jr. SECRETARY

Signature

  
ROBERT RICARD DIRECTOR

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.

MULTIPLEX MECANOGRAPHICS INC.

1. The name of the corporation is: \_\_\_\_\_  
\_\_\_\_\_

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

ROBERT RICARD

\_\_\_\_\_  
(NAME)

500, 13th. Street, #12

\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

Miami Beach, Florida, 33139.

\_\_\_\_\_  
(CITY/STATE/ZIP)

FILED  
97 MAR 26 PM 3:33  
STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_

MARCH 25, 1997.

DATE \_\_\_\_\_