P97000028357

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

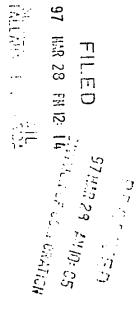
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known)
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2	(Corporation Name)			002126 33/28/47-1	
), <u></u>	(Corporation Name)		(Document #)		
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ENEW FILINGS	AMENDMENTS 2.
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHERFILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/S
Foreign
Limited Partnership
 Reinslatement
 Trademark
Other



K.R. MAR 2 8 1997

Examiner's Initials



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: High DENSity Diagnostic, Inc.

ARTICLE II PRINCIPAL OFFICE

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

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:

ARTICLE V INCORPORATOR(S)

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

137 Aug
19780 SW 177 AUE
MISMI, FL - 33187
,
ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):
Jose Leon
19380 Sw 177 Aus
mismi, FL. 33187
The undersigned incorporator(s) has(have) executed these Articles of Incorporation thi
day of
JOSE LEON print name
Signature
Caro Lean
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.

2. The name and address of the registered agent and office is:	<u>lic</u> , Inc
JOSE LEON	
(NAME)	-
19780 SW 177 LUE 35 5	
(P.O. BOX <u>NOT</u> ACCEPTABLE)	TI
minmi, fl. 33187	. —
(CITY/STATE/ZIP)	
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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.

SIGNATURE _	John John	
DATE		