LAZAF S COPORA E INDOSTICES, Q. C. Inequestor's Name	160863	
890 S.W. 87 AVENUE, SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone# LOCAL REPRESENTATIVE TALLAHASSEE	1000022336811 -07/09/9701050005 ******78.75 *****78.75 Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. <u>BI BI FINE & ANTIQUE JEWERLY, CORP</u> (Corporation Name) 2.		
2(Corporation Name) (Docu	unent #)	
3(Corporation Name) (Doct	wnent #)	
4(Corporation Name) (Document #)		
Walk in Pick up time <u>9.00</u> Mail out Will wait Photocopy		
Profit Amendment	FFICRITY	
NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	or hyp	
Demonstration Dissolution/Willufrawai		
Other Merger		
Annual Report	BECEIVED NAT. 16 DIVISION OF CORPORATION MAT. 16 MAT.	
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Other		
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 9, 1997

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

SUBJECT: BI BI FINE ARTS & ANTIQUE JEWERLY, CORP. Ref. Number: W97000015902

We have received your document for BI BI FINE ARTS & ANTIQUE JEWERLY, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 (850) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 697A00035474

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION FILED

97 JUL 14 PH 1:30

SECRETARY OF STATE TALL AHASSEF FLORIDA 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:

EDEL'S Seafood Import & Export. Corporation.

ARTICLE II PRINCIPAL OFFICE

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

11851 SW 188 TERR. MIAMI, FL 33177

ARTICLE III SHARES

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

100 SHARES AF\$1.00 PAR UALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Edel Soto 11851 SW 188 Terr. Miami, El. 33177

ARTICLE V . INCORPORATOR(S)

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

> Edel Soto 11851 SW 188 Terr. MIAMI, FL. 33177 ARTICLE VI DIRECTOR(S)

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

Edel Soto 11851 SW 188 Terr. Miami, FL 33177

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



CERTIFICATE OF DESIGNATION BEGISTERED AGENT/REGISTERED CEFICE

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: EDEL'S SEAFDOD IMPORT.

PORT CORPORATION

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

EDEL SOTO	74 1 AT
(NAME)	
11851 SW 188 TOIL	ASSET IL
(P.O. BOX NOT ACCEPTABLE)	
Miami, FL. 33177	30 RIDA
(01TV/0T ATE (71D)	

(CITY/STATE/ZIP)

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 FER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE