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LAZARUS CORPORATE INDUSTRIES, INC.

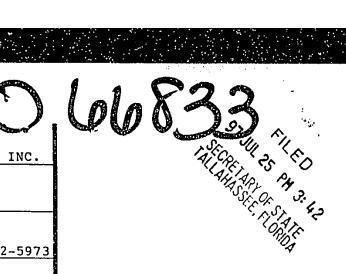
Requestor's Name

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. ANT+	10 NV HOI (Corporation Name)	ME CORF	ment #)	
2	(Corporation Name)			
3.	(Corporation Name)	<u> </u>	unent #)	-07/31/97010650 *****122.50
4	(Corporation Name)	(Doc	ıment #)	
Walk in	Pick up time	2,00	Certi	ified Copy
Mail out	Pick up time Will wait	Photocopy	Certi	ificate of Status

福齡	NEW FILINGS
\times	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

쀎	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHERFILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/E
Foreign
Limited Partnership
 Reinstatement
 Trademark
Other

W97-171777 K.R. JUL 3 1 1997 K.R. AUG 0 1 1997

Examiner's Initials

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 31, 1997

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

SUBJECT: ANTHONY HOME CORP.

Ref. Number: W97000017674

We have received your document for ANTHONY HOME CORP. 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 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 997A00039116

ARTICLES OF INCORPORATION

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:

ANTHONY'S LITTLE HOME CORP.

A Social

ARTICLE II PRINCIPAL OFFICE

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

230 N.W. 145 ST. N. MIAMI, FLORIDA 33168

ARTICLE III SHARES

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

6

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN C. GONZALEZ

230 N.W. 145 ST.

N. MIAMI, FLORIDA 33168

FILED

97 JUL 25 PH 3: 42

SECRETARY OF STATE
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AND SECRETARY OF STATE

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ARTICLEV INCORPORATOR(S)

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

JUAN C. GONZALEZ

RAMON PEREZ

230 N.W. 145 ST.

11021 N.W. 16 ST.

N. MIAMI, FLORIDA 33168

PEMBROKE PINES, FLORIDA 33026

ARTICLE VI DIRECTOR(S)

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

JUAN C. GONZALEZ

RAMON PEREZ

230 N.W. 145 ST.

dillo.

11021 N.W. 16 ST.

N. MIAMI, FLORIDA 33168

PEMBROKE PINES, FLORIDA 33026

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 2^1 day of 300 JULY , 19^{97} .

2

Signature

Articles of incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0601, 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.

The name of the corporation is: ANTHON	IY'S LITTLE HOME, CORP.
The name and address of the registered a	agent and office is:
JUAN C. GONZALEZ	
(NAME)	
230 N.W. 145 ST.	
(P.O. BOX NOT ACCE	PTABLE)
N. MJAMI, FLORIDA 33168	

(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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE 2/21/92

REGISTERED AGENT FILING FEE: \$35.00

eservices.