

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

89 S.W. 17th Avenue, Suite 6

Address

MIAMI, FLORIDA 33134 (305) 52-5973

City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Handwritten: 88/128

Office Use Only

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

1. OCEAN FIVE INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #) **600002318436--3**
-10/13/97--01028--020
*****122.50 ***122.50**

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time 2:00
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

FILED
97 OCT 13 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| 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 |

Handwritten signature/initials

RECEIVED
97 OCT 13 AM 10:34
DIVISION OF CORPORATIONS

Examiner's Initials

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:

OCEAN FIVE INC.

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SEC. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

1730 W 32 PLACE
HIALEAH - FLA - 33012

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE' SOMOHANO
15460 SW 50 TERRACE
MIAMI - FL - 33185

ARTICLE V INCORPORATOR(S)

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

JOSE SOMOHANO SS # 261748357
15460 SW 50 TER MIAMI-FL - 33185
ONLANGO POMARES SS# 267897854
28125 SW 159 PLACE HOMESTEAD FLA 33033
JOSE AGUILA SS# 138569624 9410 W FLAGLER CT APT 109 MIAMI-FL 33174

ARTICLE VI DIRECTOR(S)

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

JOSE SOMOHANO - President
15460 SW 50 TER MIAMI-FL - 33185
ONLANGO POMARES - Secretary
28125 SW 159 PLACE HOMESTEAD FLA - 33033
JOSE AGUILA - Treasurer
9410 W FLAGLER CT APT #109 MIAMI-FL 33174

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 10 day of October, 1997.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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.

1. The name of the corporation is: OCEAN FIVE INC

2. The name and address of the registered agent and office is:
Jose Serrano
(NAME)
15460 SW 50 Terrace
(P.O. BOX NOT ACCEPTABLE)
MIAMI-FL-33185
(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.

SIGNATURE J Serrano

DATE 10/10/97

97 OCT 13 PM 12:32
STATE
FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00