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P97000059298

BAZARUS 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. X - PERT DIAGNOSTIC CENTER INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) 100002321771--3  
-10/16/97--01052--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

K. Rolle OCT 16 1997

FILED  
97 OCT 16 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
97 OCT 16 AM 11:12  
DIVISION OF CORPORATION

Examiner's Initials

# ARTICLES OF INCORPORATION

OF

THE UNDERSIGNED INCORPORATOR(S) FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT. HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

## ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

X- PERT DIAGNOSTIC CENTER INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE .

1257 WEST 44. PLACE  
HIALEACH FL. 33012

## ARTICLE II NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OF ALL LAWFUL ACTIVITIES BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES. THE STATE OF FLORIDA . OR ANY OTHER STATE. COUNTRY. TERRITORY OR NATION.

## ARTICLE III CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS.

1000 SHARES OF ONE DOLLAR ( \$ 1.00 ) PAR VALUE COMMON STOCK.

## ARTICLE IV TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

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OCT 15 PM 2:13  
CLERK  
STATE  
FLORIDA

## ARTICLE V OFFICERS DIRECTORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND DIRECTORS IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION(S) EXISTENCE OR UNTIL THEIR SUCCESSOR(S) IS (ARE) ELECTED, IS(ARE):

ISABEL NARANJO

PRESIDENT

## ARTICLE VI INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THIS ARTICLE OF INCORPORATION IS (ARE)

ISABEL NARANJO

PRESIDENT

1257 WEST 44th PLACE

HIALEACH FL 33012

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)  
EXECUTED THESE ARTICLES OF INCORPORATION THIS 15 DAY OF OCT 1997

SIGNATURE(S) OF INCORPORATOR(S)

*Isabel Naranjo*

\_\_\_\_\_

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/ REGISTERED OFFICE**

PURSUANT TO PROVISIONS OF SECTION 607.325 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:

X- PERT DIAGNOSTIC CENTER INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

HECTOR VAZQUEZ 6020 SW 147 CT MIAMI FLA. 33193  
(P.O. BOX NOT ACCEPTABLE)

SIGNATURE X

*Hector Vazquez*  
CORPORATE OFFICER

TITLE PRESIDENT

DATE OCT-15-1997

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTIONS 607.325 FLORIDA STATUTES.

SIGNATURE

*[Signature]*  
REGISTERED AGENT

DATE OCT-15-1997

FILED  
97 OCT 15 PM 2:13  
CLERK OF COURT  
STATE OF FLORIDA