LAZARUS CORPORATE INDUSTRIES, INC. Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

FLORIDA 33174 (305)552-5973 City/State/Zip Phone #

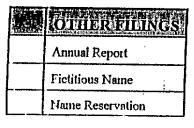
LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

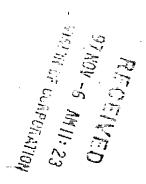
CORPORATION	NAME(S) & D	OCUMENT NUMB	ER(S), (if known)	:
i. CIMA	DOTALION Name)	OPATION (DOCU		
2	· · · · · · · · · · · · · · · · · · ·	(Docu	ment #)	97
(Corp	poration Name)	(Досш	ment #)	
4(Соп	poration Name)	(Docum	nen(#)	AH & 15
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Mail out	Will wait	Photocopy	Certificate of	Status
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lit .	Amendment		-11/	06/9701041013

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X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDATENTS 2000
Amendment
Resignation of R.A., Officer/ Director
 Change of Registered Agent
 Dissolution/Withdrawal
Merger



TREEDENTRAINOS/ QUANTELEAVION
Foreign
Limited Pattnership
Reinstatement
Trademark
Other

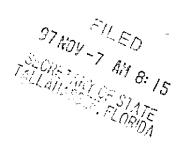


Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State



November 6, 1997

LAZARUS

MIAMI, FL

SUBJECT: CIMA CORPORATION Ref. Number: W97000025238

We have received your document for CIMA CORPORATION 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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 697A00053733

ADIVISION OF CORPORATION

BY NOV -7 PM 2: SI

BECEINED

ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation funder the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CIMA HOLDINGS CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

1521 ALTON RD #75
MIAMI BEACH, FLORIDA 33139

ARTICLE III SHARES

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

100 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARMANDO CARDELLA 1521 ALTON RD #75 MIAMI BEACH, FLORIDA 33139

ARTICLE V INCORPORATOR (S)

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

ARTICLE VI DIRECTOR (S)

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

ARMANDO CARDELLA, PRESIDENT 1521 ALTON RD #75 MIAMI BEACH, FLORIDA 33139

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 5th day of NOVEMBER, 1997.

Signature

Signaturé

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 CIMA HOLDINGS CORPORATION
- 2. The name and address of the registered agent and office is:

ARMANDO CARDELLA (NAME)

1521 ALTON RD #75 (P.O. BOX NOT ACCEPTABLE)

MIAMI BEACH, FLORIDA 33139 (CITY/STATE/IP) 97 NOV -7 AM 8: 15
SECRETANT OF STATE
TALLAND SEE, FLORING

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

DATE

REGISTERED AGENT FILING FEE: \$35.00