

LAZARUS CORPORATE INDUSTRIES, INC.

Requester's Name

89 S. W. VENUE, UNIT 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. INTER-TRADE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
97 NOV 25 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ 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

00002344506--1  
-11/12/97--01051--020  
\*\*\*122.50 \*\*\*122.50

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

11/25  
RECEIVED  
97 NOV 12 AM 11:00  
TALLAHASSEE, FLORIDA  
EXAMINER'S INITIALS

K. Rolfe NOV 12 1997

W97-25594



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 12, 1997

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

SUBJECT: INTER-TRADE, INC.  
Ref. Number: W97000025594

We have received your document for INTER-TRADE, INC. 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: 597A00054404

RECEIVED  
97 NOV 24 AM 10:41  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

November 24, 1997

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

SUBJECT: INTER-CAPITAL ENTERPRISES, INC.  
Ref. Number: W97000025594

We have received your document for INTER-CAPITAL ENTERPRISES, INC. 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 597A00054404

RECEIVED  
97 NOV 25 AM 11:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# 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:

INTER-CAPITAL ENTERPRISES, INC.

FILED  
97 NOV 25 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II      PRINCIPAL OFFICE

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

17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

## ARTICLE III      SHARES

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

100 SHARES @ \$.1.00 PAR VALUE

## ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLOS A. OJEDA  
17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

ARTICLE V INCORPORATOR(S)

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

CARLOS A. OJEDA - PRES  
17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

LIDIA VIANA - V-PRES  
17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

ARTICLE VI DIRECTOR(S)

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

CARLOS A. OJEDA  
17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

ALBERTO BELLORIN  
17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

LIDIA VIANA  
17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

MARTHA SALAS  
17988 S.W. 14th STREET  
PEMBROKE PINES, FL. 33029

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

9th day of AUGUST, 19 97.

Signature

Signature

Signature

Signature

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: INTER-CAPITAL ENTERPRISES, INC.

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

CARLOS A. OJEDA

(NAME)

17988 S.W. 14th STREET

(P.O. BOX NOT ACCEPTABLE)

PEMBROKE PINES, FL. 33029

(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 

DATE NOVEMBER 08, 1997

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 NOV 25 AM 11:54

FILED