

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **400.00**

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96 JUN -3 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT  
**1995 & 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **599066**  
1. Corporation Name  
**LUBA MOTORS, INC.**

Principal Place of Business Mailing Address  
**8033 N.W. 36TH STREET SUITE 440  
MIAMI, FL. 33166**

2. Principal Place of Business 2a. Mailing Address  
**2 SAME AS ABOVE**  
22 State Apt # etc 27 State Apt # etc  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **1/02/79** 3a. Date of Last Report **8/11/94**  
4. FET Number **59-1873798** Applied Fee Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.185, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ISICOFF, ERIC D. ESQ.  
1101 BRICKELL AVE. SUITE 704  
MIAMI, FL 33131**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	<b>C/D</b>
13 STREET ADDRESS	<b>DIEGO RIBADENEIRA</b>
14 CITY, ST, ZIP	<b>8033 N.W. 36TH STREET SUITE 440 MIAMI, FL 33166</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	<b>300001851843</b>
23 STREET ADDRESS	<b>-06/05/96--01040--009</b>
24 CITY, ST, ZIP	<b>****400, 00 ****400, 00</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	<b>VICE PRES./ SEC.</b>
33 STREET ADDRESS	<b>DANIELA RIBADENEIRA</b>
34 CITY, ST, ZIP	<b>8033 N.W. 36TH STREET SUITE 440 MIAMI, FL 33166</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	<b>Reinstatement waived due to clerical error.</b>
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	<b>\$176/3</b>
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniela Ribadeneira 5/31/96 (305) 5979044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)