FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027729

1. Corporation Name

LUIS & COMPANY, INC.								
	e.							
						 		
Principal Place	of Business	Mailing Address						
30 NE 1 ST		30 NE 1 ST						
SUITE 3 SUITE 3 MIAMI FL 33132 MIAMI FL 33132					DO NOT WRITE IN THIS SPACE			
MIAMI FL 33132 MIAMI FL 33132					3. Date Incorporated or Qualifed			
	· ·				04/11/1994			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	.	Applied F	or
— ·		26			65-0694528		Not Appli	cable
Suite, Apt.	# etc:	Suite, Apt. #, etc.					5 Addition	
22	or teach,	27			5. Certifcate of Status Desired	Fee	Required	<u>-</u>
City & State	e	City & State			6. Election Campaign Financing	\$5.	00 May B	3e
23		28			Trust Fund Contribution	Add	ed to Fees	s
Zip	Country	Zip	Cou	intry	8. This corporation owes the curre	ent year Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent		
				81 Name	SHIENBAUM (FOLDIE		
SHIENBAUM, JAY				82 Street Add	ess (P.O. Box Number is Not Acceptable)			
8877 COLLINS AVE				8-8	77 COLLINS A	ν έ		
MIAMI BEACH FL 33154				83	.,		•	
				84 City	<u> </u>	85	Zip Code	
					AHI BEACH	FL (3	ろろくりつ	4
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-named corr	poration submits this statement for the	purpose of changing	its registe	ered
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	nt Florida. Such change was au	ıtnonze	a by the corporati	on's board of directors. I hereby accep	и ине арропинели а	s registere	,u
	17. V Men V 11	aum						
SIGNATURE	Signature, typed or printed name of registered agent		Registered	Agent signature require		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE		Addition
TITLE	P	☐ DELETE	1.1 Π			, Deliai	.ge ∟.r	Addison
NAME	SHIENBAUM, GOLDIE		1.2 N	AME				
STREET ADDRESS	8877 COLLINS AVE 902		1.3 S	TREET ADDRESS	-			
CITY-ST-ZIP	MIAMI BEACH FL	· · · · · · · · · · · · · · · · · · ·	_	ITY-ST-ZIP	<u> </u>			Addition
TITLE	Τ	☐ DELETE	2.1 ∏	TILE		☐ Chai	ige ∐ i	Addition
NAME	SHIENBAUM, LUIS		2.2 N	AME				}
STREET ADDRESS	8877 COLLINS AVE 902		2.3 \$	TREET ADDRESS	•			}
CITY-ST-ZIP	MIAMI BEACH FL			XTY-ST-ZIP		704		Addition
TITLE	S	☐ DELETE	3.1 Ti	TILE		☐ Cha	ige ∐ /	Addition
NAME	SHIENBAUM, GREGG		3.2 N	AME				
STREET ADDRESS	8877 COLLINS AVE 902		3.3 S	TREET ADDRESS				ļ
CITY+ST-ZIP	MIAMI BEACH FL		3.4.0	CITY-ST-ZIP				F 1 PP
TITLE		☐ DELETE	4.1 T	TTLE		☐ Cha	ıge ∐i	Addition
NAME			4. 2 N	NAME	, •	•		
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T	i	•	☐ Cha	ige 🔲	Addition
NAME			5.2 N	AME			`	
STREET ADDRESS			5.3 S	TREET ADDRESS		•		
CITY-ST-ZIP				ITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 T	ITLE	•	☐ Cha	nge 🔲 /	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an eddress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90088 002 ***150.00