SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053594 (4)

LUNOR INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED Aug 12 1998 8:00am Secretary of State



2265 S.W. 24TH TERRACE 2265 S.W. 24TH TERRACE MIAMI PL 33143 MIAMI-FL-93145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 65-0597646 CRANDON BLUD Not Applicable 251 26 Sulte, Apt. #, etc, \$8.75 Additional 5. Certificate of Status Desired # 42 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) 1600 MIAMI CENTER 83 **MIAMI FL 33131** 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE 1.1 TITLE X DELETE LINDNER EVA 251 CRANDON BLUD , APT. 425 LINDNER, EVA 12 NAME NAME 6783 SW 104 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE OELETE Change ___ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE Addition DELETE __ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 intechment with an address.

CR2E034 (5/98)