

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -5 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25665 (3)

1. Corporation Name

LUCHA, INC.

Principal Place of Business

Mailing Address

C/O ALFREDO MARTINEZ-GARCIA
4618 CANNA DR.
ORLANDO FL 32839-3123

C/O ALFREDO MARTINEZ-GARCIA
4618 CANNA DR.
ORLANDO FL 32839-3123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1988

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2891219

Applied For

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ-GARCIA, ALFREDO
4618 CANNA DR.
ORLANDO FL 32839

81 Name

ALFREDO MARTINEZ-GARCIA

82 Street Address (P.O. Box Number is Not Acceptable)

4618 CANNA DRIVE

83

84 City

ORLANDO

FL

85 Zip Code

32839

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BUTLER, MABEL
STREET ADDRESS	201 ROSALIND AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	DT
NAME	CLAUDE, VINCE
STREET ADDRESS	5337 OLD OAK TREE DR
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	MARTINEZ-GARCIA, ALFREDO
STREET ADDRESS	4618 CANNA DR
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	ALI, RONAA
STREET ADDRESS	545 VERN DR
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	Butler, Mabel	
1.3 STREET ADDRESS	201 Rosalind Ave	
1.4 CITY - ST - ZIP	Orlando FL	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	Claude, Vince	
2.3 STREET ADDRESS	5337 Old Oak Tree Dr	
2.4 CITY - ST - ZIP	Orlando FL	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	Martinez-Garcia, Alfredo	
3.3 STREET ADDRESS	4618 Canna Drive	
3.4 CITY - ST - ZIP	Orlando FL	
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	Ali, Ronaa	
4.3 STREET ADDRESS	545 Vern Dr.	
4.4 CITY - ST - ZIP	Orlando FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(g), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alfredo Martinez-Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95 407-932-4492
Date Filing Fee \$