

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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

2. Principal Place of Business

2a. Mailing Address

21 **3359 W. Vine St.**

26 **4618 Canna Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 104**

27

City & State

City & State

23 **Kissimmee, Florida**

28 **Orlando, Florida**

Zip

Zip

Country

Country

24 **34741**

25 **Osceola**

29 **32839**

30 **Orange**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/30/1988**

3a. Date of Last Report

**04/05/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

81 Name

**Dolores Martinez**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Dolores Martinez**

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

*Dolores Martinez*

(NOTE: Registered Agent signature required when reinstating)

**2/1/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BUTLER, MABEL**  
STREET ADDRESS **201 ROSALIND AVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☒ DELETE  
NAME **CLAUDE, VINCE**  
STREET ADDRESS **5337 OLD OAK TREE DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ DELETE  
NAME **MARTINEZ-GARCIA, ALFREDO**  
STREET ADDRESS **4618 CANNA DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE  
NAME **ALI, RONAA**  
STREET ADDRESS **545 VERN DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Jose Martiz**  
1.3 STREET ADDRESS **4631 Canna Drive**  
1.4 CITY-ST-ZIP **Orlando, FL. 32839**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Ricardo Gittens**  
2.3 STREET ADDRESS **5725 Cardinals Guard Ave.**  
2.4 CITY-ST-ZIP **Orlando, FL. 32839**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Dolores Martinez**  
3.3 STREET ADDRESS **4618 Canna Drive**  
3.4 CITY-ST-ZIP **Orlando, FL. 32839**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 119.07(3)(k), 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: *Dolores Martinez* **Dolores Martinez** **2/1/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**407-351-6930**  
Daytime Phone #

CR2E037 (12/95)