

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000053195 (0)**

1. Corporation Name

LUCAS EXPORT, INC.



Principal Place of Business

**2050 N.W. 93RD AVE.
MIAMI FL 33172**

Mailing Address

**2050 N.W. 93RD AVE.
MIAMI FL 33172**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VEGA, JOSE M
25 S.E. 2ND AVE.
SUITE 201
MIAMI FL 33131**

3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

4. FEI Number

65-0592916

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

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 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D/P

☐ DELETE

NAME

ANTONIO, MARCO

STREET ADDRESS

AVENIDA EPITACIO PESSOA 248 APT. 32

CITY-STATE-ZIP

SANTOS (SP) BRASIL

TITLE

D

☐ DELETE

NAME

DE SIMONE, PAULO R

STREET ADDRESS

RUA OSWALDO CRUZ 228 APT. 11

CITY-STATE-ZIP

SANTOS (SP) BRASIL

TITLE

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☐ DELETE

NAME

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STREET ADDRESS

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CITY-STATE-ZIP

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NAME

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STREET ADDRESS

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

D/P/S.

☒ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-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 registrant or trustee or power holder 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCO ANTONIO 4/23/96 (305) 589-5850

CR2E034 (12/95)