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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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(7)

FILED Feb 10 1997 8:00am Secretary of State

OCUMENT # Norporation Name	<i>I</i> 189217
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LUIVIMA, INC.

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Principal Piace	e of Business	Mailing Address			1 1201234 131 13113 13113 11211 11211	A1811 B1911 B1811 B1811 B1	P() B(B() 1881
2588 S.W. 27T MIAMI FL 3313		2588 S.W. 27TH AVENU Miami FL 33133-2143	Ē				
					3. Date Incorporated or Qualified 07/12/1988	3a. Date of Last 04/24/1996	
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			NOT APPLICABLE		Not Applicable
Suite. Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7	Additional Required
22		27					
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for i	ntangible tax under	s. 199.032,
24	25	29	30		Florida Statutes	Yes 🔣 No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	platered Agent	
MIY	ar, ramón			81 Name			
	8 S.W. 27TH AVENUE			82 Street Add	Irace (P.O. Boy Number in No. Assessed	le)	
	MI FL 33133			SUBBLACO	ress (P.O. Box Number is Not Acceptab	iu j	
,,,,,	W 1 2 00 100			83			
							······································
				84 City	•	FL (T	p Code
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Stat te of Florida. Such change was	utes, the a	bove-named cor d by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing t the appointment i	its registered as registered
	m ramiliar with, and accept the obli	igations of, Section 607.0505, i	riorida Sta	wes.			
SIGNATURE	Signature typed or printed name of registered a	igent and little if applicable (Ne	DTE: Registere	d Agent signature requ	oired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 T	TLE		Chang	Addition
NAME	VILLA, LUIS ALBERTO		12 N	AME			
STREET ADDRESS	2588 S.W. 27TH AVE.		1.3 S	TREET ADDRESS			
CITY-SI-ZI₽	MIAMI FL		14.0	rty-st-zip			
THILE	D	DELETE	2.1 T			☐ Chang	e Addition
NAME	VILLA, AMPARO		2.2 N	AME			
STREET ADDRESS	2588 S.W. 27TH AVE.			TREET ADDRESS			
CHTY-ST-ZIP	MIAMI FL		1	CITY-ST-ZIP			
TITLE	D	DELETE	3.1 T			☐ Chang	e Additio
NAME	VILLA, JORGE ALBERTO		3.2 N			_ •	_
STREET ADDRESS	2588 S.W. 27TH AVE.			TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1	CITY-ST-ZIP			
TITLE	ST	DELETE	4.1 T			Chang	e
NAME	VILLA, LUIS ALBERTO	because of the	4.21	ř			
	2588 S.W. 27TH AVE.			TREET ADDRESS			
STREET ADDRESS	MIAMI FL						
CITY-ST-ZIP	TIN VALLE	DELETE		ITY-ST-ZIP		Chano	e Additio
TITLE		Emi DECETE	5.1 T			C. Chang	פ [ייי] אמטונוטו
NAME			5.2 N				
STREET ADDRESS			5.3 \$	treet address			

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with the 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 address. CITY - ST - ZIP

5.4 CHTY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

OF SIGNING OFFICER OR DIRECTOR

DELETE

タレレー・スマノコ

Change

☐ Addition