

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000083772

**Entity Name:** LUCAT TOURS U.S.A CORP

**Current Principal Place of Business:**

5950 LAKEHURST DR  
STE 185  
ORLANDO, FL 32819

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC1886483473**

**Current Mailing Address:**

5950 LAKEHURST DR  
STE 185  
ORLANDO, FL 32819 US

**FEI Number: 26-0584330**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DE LUCA, GUILLERMO  
5950 LAKEHURST DR  
STE 185  
ORLANDO, FL 32819 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DE LUCA, GUILLERMO  
Address 5950 LAKEHURST DR STE 185  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name DE LUCA, MARTIN  
Address 5950 LAKEHURST DR STE 185  
City-State-Zip: ORLANDO FL 32819

Title T  
Name DE LUCA, SANTIAGO  
Address 5950 LAKEHURST DR STE 185  
City-State-Zip: ORLANDO FL 32819

Title S  
Name DE LUCA, CORA  
Address 5950 LAKEHURST DR STE 185  
City-State-Zip: ORLANDO FL 32819

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DE LUCA, MARTIN**

**VP**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date