FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 624647 (4)

1. Corporation Name

SANTA LUCEA, INC.

Principal Place of Business	Mailing Address
2400 S. FEDERAL HWY. STE. 320 STUART FL 34994 US	2400 S. FEDERAL HWY. STE. 320 STUART FL 34994 US

3. Date Incorporated or Qualified: 07/09/1979
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2012740 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 800 S.E. Monterey Commons Blvd
Suite, Apt. #, etc. 27 #200
City & State 28 STUART, FL
Zip 29 34996 Country 30 Martin

9. Name and Address of Current Registered Agent

RIFKIN, AVRON C
2400 S. FEDERAL HWY.
STE. 320
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: RIFKIN, AVRON C.
82 Street Address (P.O. Box Number is Not Acceptable): ~~GUNSTER, YOAKLEY, et al.~~
83 800 S.E. Monterey Commons Boulevard, #200
84 City: STUART FL 85 Zip Code: 34996

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 reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	RIFKIN, GENE C	
STREET ADDRESS	1045 RIVERSIDE DR.	
CITY-ST-ZIP	STUART FL	
TITLE	PD	☐ DELETE
NAME	RIFKIN, AVRON C	
STREET ADDRESS	2400 S. FEDERAL HWY., STE. 320	
CITY-ST-ZIP	STUART FL	
TITLE	VD	☐ DELETE
NAME	DAVIS, RICHARD F	
STREET ADDRESS	1731 SE 15TH STREET #312	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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], President — 6/4/96 — 561-288-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)