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

DOCUMENT # 685506

(8)

LUQUE ENTERPRISES, INC.

Mailing Address

10360 SW 124TH

Principal Place of Business

10360 SW 124TH ST

FILED May 13 1997 8:00am Secretary of State



MIAMI FL 83176 US		MIAMI FL 33176-4720 US				
08		00			3. Date Incorporated or Qualified 08/26/1980	3a. Date of Last Report 01/30/1996
21 7360	Place of Business 78 Th St	26. Mailing Address			4. FET Number 59-2075089	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & States 23 Hrami FL		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees	
Zip 24 ラシ /		Ζφ 29	Coun 30	lry		Yes No
 	9. Name and Address of Current	Registered Agent		<u></u>	10. Name and Address of New Re	gistered Agent
LUQUE, ROBERTO E			18	Namo	•	
10360 SW 124 ST MIAMI FL 33176			1	2 Street	Address (P.O. Box Number is Not Acceptab	le)
			[8	13		
			1	4 City		FL 85 Zip Code
11. Pursuant office or a agent. I a SIGNATURE		and 607,1508, Florida Statu of Florida. Such change was tions of, Section 607,0506, F	itos, the abi authorized lorida Statu	ove-name by the co les.	d corporation submits this statement for the p rporation's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NO	1F Registered	Agent signatu	re required whon reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	11111			☐ Change ☐ Addition
NAME	LUQUE, ROBERTO E		1.2 NAN			
STREET ADDRESS	7360 N.W. 78TH STREET			EET ADDRESS		
City-ST-ZIP	MIAMI FL	DELETE		- S1 - ZIP		Change Addition
TITLE		בין טבנכוב	2.1 TITL			Cuange C Addition
NAME OTREET ADDRESS			2.2 NAN			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.1 TITU	Y - S1 - ZIP		Change Addition
NAME			3.2 NAN			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				r - \$1 - ZiP		
TITLE		DELFTE	41 THL			Change Addition
NAME			4 2 NAI	ΔE		
STREET ADDRESS			4.3 S1R	EET ADDRESS		
CITY-ST-ZIP			1	- ST - ZIP		
TITLE		DELETE	5.1 TITL			Change Addition
NAME			5 2 NAA	ΙÉ		
STREET ADDRESS			5.3 STR	EF1 ADDRESS		
CITY-ST-ZIP			5.4 CITY	' - ST - ZIP		
TITLE		DELETE	6.1 T(TL			Change Addition
RAME			6.2 NAN	IÉ.		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP				'- S1 - 7H'		
AA I da bara	by partifughat the information during	all this films shows at the	i C. da a dha a		state of in Castian 440 07/0V/V Flexible Ctat. to	a I do not be a man at the About About

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name