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FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000000691 (4)

1. Corporation Name

CORPORACION LUCENA S.A.

Principal Place of Business

2600 DOUGLAS ROAD  
PH-8  
CORAL GABLES FL 33134

Mailing Address

3400 N.E. 192 ST., #403  
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1995

4. FEI Number

98-0113336

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ENRIQUE, VICIANA  
2600 DOUGLAS ROAD PH-8  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ENRIQUE VICIANA

82 Street Address (P.O. Box Number is Not Acceptable)

4206 LAGUNA STREET

83

84 City

CORAL GABLES

FL

85 Zip Code

33146

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

1.1 TITLE ☐ DELETE

1.2 NAME PD

1.3 STREET ADDRESS CZARTORYSKI, KAROL H

1.4 CITY-ST-ZIP 3400 N.E. 192 ST., APT 403

1.5 CITY-ST-ZIP AVENTURA FL

2.1 TITLE ☐ DELETE

2.2 NAME VD

2.3 STREET ADDRESS CZARTORYSKI, ALEXANDER

2.4 CITY-ST-ZIP POST OFFICE BOX N7776 N/A

2.5 CITY-ST-ZIP NASSAU BA

3.1 TITLE ☐ DELETE

3.2 NAME SD

3.3 STREET ADDRESS CZARTORYSKI, ALINE

3.4 CITY-ST-ZIP POST OFFICE BOX N7776 N/A

3.5 CITY-ST-ZIP NASSAU BA

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DD

1.2 NAME

CZARTORYSKI, KAROL H

1.3 STREET ADDRESS

3400 N.E. 192 ST. APT. 403

1.4 CITY-ST-ZIP

AVENTURA, FL 33180

2.1 TITLE

VD

2.2 NAME

CZARTORYSKI, ALEXANDER

2.3 STREET ADDRESS

P.O. BOX N7776

2.4 CITY-ST-ZIP

NASSAU BA

3.1 TITLE

SD

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this 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.

SIGNATURE:

Karol H. Czartoryski

Karol H. Czartoryski

Jan 23/98

(242) 362-5477

CR2E034 (10/97)