

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G16342** (9)

1. Corporation Name
LANDALUCE, INC.



Principal Place of Business

Mailing Address

% MARTIN E. PONS
P O BOX 110839
MIAMI FL 33111

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P O BOX 110839
MIAMI FL 33111

3. Date Incorporated or Qualified 12/09/1982	3a. Date of Last Report 02/02/1995
4. FEI Number 58-4385747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 13727 SW 152 Street Suite, Apt. #, etc. 22 325 City & State 23 MIAMI, FL Zip 24 33177	2a. Mailing Address 26 13727 SW 152 Street Suite, Apt. #, etc. 27 325 City & State 28 MIAMI, FL Zip 29 33177 Country 30 USA
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONS, MARTIN E
169 E. FLAGLER STREET
SUITE 1517
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD
83 SUITE 4920
84 City MIAMI FL 85 Zip Code 33131

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

Martin E. Pons

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/23/96

12. OFFICERS AND DIRECTORS	
12.1 TITLE NAME 12.2 STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE P PONS, MARTIN E. 169 E. FLAGLER STREET, SUITE 1517 MIAMI FL
12.3 TITLE NAME 12.4 STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE
12.5 TITLE NAME 12.6 STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE
12.7 TITLE NAME 12.8 STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE
12.9 TITLE NAME 12.10 STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13727 SW 152 Street # 325 MIAMI, FL 33177
13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Martin E. Pons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
Date

305-373-5444
Daytime Phone #

CR2E034 (12/95)