

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G45244**

(2)

1. Corporation Name

LUEMME, INC.

FILED
Sep 09 1998 8:00am
Secretary of State



Principal Place of Business

**12186 SW 128 ST
MIAMI FL 33186
US**

Mailing Address

**12186 SW 128 ST.
MIAMI, FL 33186
USA.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1983

4. FEI Number

59-2301446

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 **12186 SW 128 STREET**

2a. Mailing Address

26 **12186 SW 128 STREET**

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

22 **MIAMI**

27 **MIAMI**

City & State

City & State

23 **FLORIDA**

28 **FLORIDA**

Zip

Country

Zip

Country

24 **33186**

25 **USA**

29 **33186**

30 **USA**

9. Name and Address of Current Registered Agent

**CAMPELLO, VALERIA
12186 SW 128 ST
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

CAMPELLO, VALERIA

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

12186 SW 128 STREET

83

84 City

MIAMI

FL

85 Zip Code

33186

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 **DP** ☐ DELETE

NAME **CAMPELLO, VALERIA**
STREET ADDRESS **10205 SW 115 CT**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **VP** ☐ DELETE

NAME **CAMPELLO, UGO**
STREET ADDRESS **10205 SW 115 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **OXMAN, SERGIO**
STREET ADDRESS **2151 TAYLOR STREET**
CITY-ST-ZIP **SAN FRANCISCO CA**

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 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

Valeria Campello

8/21/98

CR2E034 (5/98)