FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G90853** **(4)**

1. Corporation Name
LUNA COLLADO CORPORATION

Principal Place of Business
C/O ALBERTO LUNA
4205 WEST 16TH AVENUE
HIALEAH FL 33012

Mailing Address
C/O ALBERTO LUNA
4205 WEST 16TH AVENUE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1984
3a. Date of Last Report: 04/22/1994

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

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 59-2371236 — 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 activity for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LUNA, ALBERTO
4205 WEST 16TH STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	DV
NAME	COLLADO, SALVADOR
STREET ADDRESS	4205 W 16 AVE
CITY, ST, ZIP	HIALEAH FL
TYPE	DT
NAME	COLLADO, AUXILIADORA
STREET ADDRESS	4205 W 16 AVE
CITY, ST, ZIP	HIALEAH FL
TYPE	DP
NAME	LUNA, ALBERTO
STREET ADDRESS	4205 W 16 AVE
CITY, ST, ZIP	HIALEAH FL
TYPE	DS
NAME	LUNA, ALMA
STREET ADDRESS	4205 W 16 AVE
CITY, ST, ZIP	HIALEAH FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (Check ☐ Change ☐ Addition)

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and correct. I further certify that the corporation has filed its annual report or supplemental annual report, if required, and that the required fee has been paid. I further certify that the corporation has complied with all provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereinabove as an officer or director of the corporation or I am the incorporator as required by Chapter 607, Florida Statutes, and that my name appears in Block 9 or Block 10 hereinabove as registered agent, and I am familiar with and accept the duties and responsibilities of registered agent.

SIGNATURE: ✓ [signature] 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

007 0409 CP