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 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H39945** **(1)**

1. Corporation Name
LUCAYA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O ROBERT L. FELDMAN 3081 SALZEDO STREET, SECOND FLOOR CORAL GABLES FL 33134-6734	C/O ROBERT L. FELDMAN 3081 SALZEDO STREET, SECOND FLOOR CORAL GABLES FL 33134-6734

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/28/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **65-0219548** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25 Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FELDMAN, ROBERT L.
3081 SALZEDO STREET
SECOND FLOOR
CORAL GABLES FL 33134

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	PARKER, CRAIG	12 NAME	
STREET ADDRESS	BLDG 415,OPA LOCKA APT.	13 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	☐ Change ☐ Addition
NAME	DOHERTY, JOHN	22 NAME	
STREET ADDRESS	BLDG 415,OPA LOCKA APT.	23 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PENTON, ARAMIS	32 NAME	
STREET ADDRESS	13400 N.E. 9TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, ROBERT L., ESQ.	42 NAME	
STREET ADDRESS	3081 SALZEDO STREET	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Robert L. Feldman 4-26-95 305-443-0732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137608 CP