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 MAR -6 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H51199 (8)

1. Corporation Name
LUANDO, INC.

Principal Place of Business
% JOSEPH M. CARLUCCI
1089 W. WREN CIRCLE
BAREFOOT BAY FL 32976-7265

Mailing Address
% JOSEPH M. CARLUCCI
1089 W. WREN CIRCLE
BAREFOOT BAY FL 32976-7265

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1985
3a. Date of Last Report: 08/04/1994

2. Principal Place of Business
21 MISTER DONUT
22 Suite, Apt. #, etc. 2090 Palm Bay Rd NE
23 City & State Palm Bay FL
24 Zip 32905 25 Country USA

2a. Mailing Address
26 LINDA CARLUCCI
27 Suite, Apt. #, etc. P.O. Box 000370
28 City & State Palm Bay FL
29 Zip 32906 30 Country USA

4. FEI Number 59-2589534 — 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 liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CARLUCCI, JOSPEH M.
1089 W. WREN CIRCLE
BAREFOOT BAY FL 32958

10. Name and Address of New Registered Agent
81 Name LINDA K. CARLUCCI
82 Street Address (P.O. Box Number is Not Acceptable) 1525 Malabar Lakes Dr NE
83
84 City Palm Bay FL 85 Zip Code 32905

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: Linda K Carlucci LINDA K CARLUCCI V/T/S 2/28/95
(Of the Registered Agent named in this report and also the registrant) (Date)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	CARLUCCI, LINDA K.
STREET ADDRESS	1089 W. WREN CIRCLE
CITY, ST, ZIP	BAREFOOT BAY FL
TITLE	PSD
NAME	CARLUCCI, JOSEPH M.
STREET ADDRESS	1089 W. WREN CIRCLE
CITY, ST, ZIP	BAREFOOT BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

1.1 TITLE	V/T/S ☒ Change ☒ Add
1.2 NAME	CARLUCCI, LINDA K.
1.3 STREET ADDRESS	1525 Malabar Lakes Dr NE
1.4 CITY, ST, ZIP	Palm Bay FL 32905
2.1 TITLE	P/D ☒ Change ☐ Add
2.2 NAME	CARLUCCI, JOSEPH M
2.3 STREET ADDRESS	Same
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. [illegible] voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. [illegible] report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am familiar with the contents of this report and that I have complied with the requirements of Chapter 607, Florida Statutes, and that my name appears above, or on an attached sheet with any additions.

SIGNATURE: Linda K Carlucci LINDA K CARLUCCI V/T/S 407-727-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/28/95 Telephone # 3020

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