## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

D	O	CL	<b>JME</b>	NT	#	J09964	
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1. Corporat on Name

LUDA, INC.

Principal Place	of Business	Mailing Address		_				TEITE DENE MENE	DIQIL BIBRI DIDIL C	FIFFI DIBLE IDDE
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CORAL GABLES	S FL 33134	CORAL GABLES FL 33134	ļ				DO NOT WR		S SPACE	
US		US				3. Date incorporate	ed or Qualifed	1		
		LOS Mallion Address				04/18/1986 4. FEI Number				plied For
<b>─</b> ─ '	ace of Business	2a. Mailing Address				· ·			<u> </u>	t Applicable
21	#	Suite, Apt. #, etc.				59-2676700			\$8.75	
Suite, Art. #	#, etc.	· · · ·				5. Certificate of Star	tus Desired		Fee Re	
City & State		City & State				6. Election Campai	ion Financino		\$5.00	Nav Be
23	<del>,</del>	28				Trust Fund Cont			Added t	
Zip	Country	Zip	Cour	ntry		8. This corporation		rrent vear I	ntangible	
24	25	29	30	•		Person al Proper		. ,	ŬYes	[]No
	9. Name and Address of Currer		1991			10. Name and Add	ress of New	Registere	d Agent	
				81	Name					
SOLK	KOFF, JEROME IRA		-		Ctroot Add	ress (P.O. Box Number	is Not Accen	table)		
1800	West Hillsboro BLVD.			82	Sireer Au 1	ress (F.O. Box Number	ia Not Accep	abic)		
DEEF	RFIELD BEACH FL 33442		İ	83						
ı			ļ							Code
			i	84	City			F	L 85 Zip (	2006
11. Pursua it t	to the provisions of Sections 607.050	22 and 607.1508, Florida Statu	es, the ab	ove-i	named co	poration submits this star	tement for the	e purpose «	of changing its	registered
office or re	to the provisions of Sections 507.050 egistered agent, or both, in the State in familiar with, and accept the obliga	o Florida. Such change was a	uthorized	by th	he corporati	ion's board of directors.	i hereby acce	ept the app	ointment as re	gisterea
auent, ai	ii iaitiiliai wiiii, and accept the oblige	sticins of, Occitori cor .codo, i i	Crida Olala	LOO.						
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SIGNATUR=		ent ind title if applicable. (NOT DIRECTORS	Registered /		signature requir	ed when reinstating)  ADDITIC NS/CHA	NGES TO O			
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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 simular report, syrrup and accurate and that my signature shall have the same legal effect as if made or derivation of the corporation of the corporation of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or director of the corporation of the regal effect as if made or derivative that I am an officer or derivative that I am an

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICE ? OR DIRECTOR

CR2E034 (11/98)