

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K19386 (7)

1. Corporation Name

LUNA FASHIONS, INC.



Principal Place of Business 4321 SW 75TH AVE. MIAMI FL 33155	Mailing Address 4321 SW 75TH AVE. MIAMI FL 33155
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2. Principal Place of Business 21 4261 SW 75th AV 22 Suite, Apt. #, etc 23 City & State: MIAMI, FL 24 Zip: 33155	2a. Mailing Address 26 4261 SW 75th AV. 27 Suite, Apt. #, etc 28 City & State: MIAMI, FL 29 Zip: 33155
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3. Date Incorporated or Qualified 03/29/1988	3a. Date of Last Report 10/09/1995
4. FEI Number 65-0046774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LUNA, ELIUD
~~4321 SW 75TH ST.~~
~~MIAMI FL 33155~~

10. Name and Address of New Registered Agent

81 Name LUNA, ELIUD
82 Street Address (P.O. Box Number is Not Acceptable) 4261 SW 75th AV.
83
84 City MIAMI **FL** **85 Zip Code** 33155

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 fully aware of and understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **6/17/96**

12. OFFICERS AND DIRECTORS

TITLE DPS NAME LUNA, ELIUD STREET ADDRESS 3551 SW 142ND AVE. CITY - ST - ZIP MIAMI FL 33175	<input type="checkbox"/> DELETE
TITLE TD NAME LUNA, AGUSTIN STREET ADDRESS 3551 SW 142ND AVE. CITY - ST - ZIP MIAMI FL 33175	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *[Signature]* **6/17/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)