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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

360 HEATHER LANE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

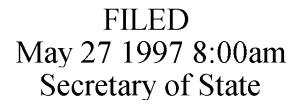
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DOCUMENT #	K201	3
INGRID LUHN, INC.		

Mailing Address

360 HEATHER LANE





KEY BISCAYNE FL 33149		KET DISCATNE PL 33149-1222			*				
						3. Date Incorporated or Qualified 04/05/1988		ate of Last F 01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				13-3491914			ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc	J			5. Certificate of Status Desired			Additional equired
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ	Country	Zip	Cou	ntry		B. This corporation has liability for i	ntangible		
24	25	29	30			Florida Statutes] Yes [□ No	
	9. Name and Address of Curre	nt Registered Agent		,		10. Name and Address of New Re-	pistered	Agent	
	Quez, Teresa Luhn			81	Name				
305	GALEN DRIVE, #205			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	***************************************	·
KEY	BISCAYNE FL 33149			83	0.000,7.00		··	····	
				84	City			85 Zip	Code
					_		FL	. 1 1	
office or r agent. La SIGNATURE	to the growsions of Sections 607 051 ogistefed agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida se of Florida. Such change gations of, Section 607.050	statutes, the at was authorized 05, Florida Stat	d by tutes	e-named corp the corporati 3.	oration submits this statement for the poon's board of directors. I hereby accept	urpose of the app	r changing pointment as	its registered s registered
	Signature hypediox printed name of Agistered ag	gent and title it applicable	(NOTE: Registered	d Age	ent signature require	ad when reinstaling)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
T-TLE	PVST	DELETI	E 1.1 Tr	TLE				Change	Addition
NAME	VAZQUEZ-LUHN, INGRID		12 N	AME					
STREET ADDRESS	320 WEST 83 STREET		1.3 \$1	TREET	ADDRESS				
CiTY-\$1+7iP	NEW YORK NY 10024			TY-S	T-ZIP				
HU		☐ DELET	E 2.1 TI	TLE				Change	Addition
NAME			2.2 N/	AME					
STREET ADDRESS			235	REET	ADDRESS				
CHY-ST-ZiP					ST-ZIP				1 2 100
TOTAL		☐ DELET	1					L Change	Addition
NAME			3 2 N						
STREET ADDRESS					ADDRESS				
CHY-ST-7/P		DELET			SY-ZIP			Channe	Addition
THUE		DCCC						L Change	Addition
NAME			4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELET			IT-ZIP			☐ Change	Addition
TITLE								T Awarde	Land Paccellion
NAME CANCEL ADORESES			5.2 N/		ADDOLOG				
STREET ADORESS					ADDRESS				
C TY-ST-ZIP THILE		DELET			ST-ZIP			Change	Addition
NAME		La Ditti	6.2 N						
STREET ADDRESS					. ADDDECC				
					ADDRESS				
© 1Y - S1 - ZiP	1	<i>-</i> 1	■ 0.4 CI	111-5	IT-ZIP	0			

14. I do 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 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 of 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 of an attachment with an address.

SIGNATURE: