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 APR 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K69883** **(2)**

1. Corporation Name
LUCRINVEST AMERICA CORP.

Principal Place of Business	Mailing Address
280 SW 8TH ST. 3RD FLOOR MIAMI FL 33130 US	280 SW 8TH ST 3RD FLOOR MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1989
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business
21 2801 Ponce de Leon Blvd
Suite, Apt. #, etc.
22 Suite 850
City & State
23 Coral Gables, FL
Zip 24 33134 Country 25

2a. Mailing Address
26 2801 Ponce de Leon Blvd.
Suite, Apt. #, etc.
27 850
City & State
28 Coral Gables, FL
Zip 29 33134 Country 30

4. FEI Number: 65-0112431 ☐ 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

MACHADO, MARCOS A.
121 ORQUIDEA AVE.
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name: Machado, Marcos A.
82 Street Address (P.O. Box Number is Not Acceptable): 2801 Ponce de Leon Blvd.
83: Suite 850
84 City: Coral Gables FL 85 Zip Code: 33134

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, type or print 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	DP	11 TITLE	☒ Change ☐ Addition
NAME	MEDEIROS, JOSE A.	12 NAME	DP Medeiros, Jose A.
STREET ADDRESS	801 SW 3RD AVE. 3RD FL	13 STREET ADDRESS	2801 Ponce de Leon Blvd #850
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Coral Gables, FL 33134
TITLE	VP	21 TITLE	☒ Change ☐ Addition
NAME	MACHADO, MARCOS A.	22 NAME	VP Machado, Marcos A.
STREET ADDRESS	801 SW 3RD AVE. 3RD FL	23 STREET ADDRESS	2801 Ponce de Leon Blvd. #850
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Coral Gables, FL 33134
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	MEDEIROS, LUIS FELIPE	32 NAME	VP Medeiros, Luis Felipe
STREET ADDRESS	801 SW 3RD AVE. 3RD FL	33 STREET ADDRESS	2801 Ponce de Leon Blvd. #850
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Coral Gables, FL 33134
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	MACHADO, CHRISTIANA	42 NAME	S Machado, Cristiano
STREET ADDRESS	801 SW 3RD AVE 3FL	43 STREET ADDRESS	2801 Ponce de Leon Blvd. #850
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Coral Gables, FL 33134
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: Cristiana M. Machado S 4/12/95 305-444-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187/94 CP