FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69883

1. Corporation Name
LUCRINVEST AMERICA CORP.

Principal Place of Business / Mailing Address
2801 PONCE DE LEON BLVD #850
CORAL GABLES, FL 33134

3. Date Incorporated or Qualified: 3/2/1989
3a. Date of Last Report: 4/20/95

2. Principal Place of Business
21 2801 PONCE DE LEON BLVD.
Suite, Apt. #, etc. 22 850
City & State 23 CORAL GABLES, FL
Zip 24 33134 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 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.
2801 PONCE DE LEON BLVD.
SUITE 850
CORAL GABLES, FL 33134 USA

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MEDEIROS, JOSE A.	1.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD. #850	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MACHADO, MARCOS A.	2.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD. #850	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEDEIROS, LUIS FELIPE	3.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD #850	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MACHADO, CRISTIAN	4.2 NAME	
STREET ADDRESS	2801 PONCE DE LEON BLVD #850	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	4.4 CITY-ST-ZIP	900001736509
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	03/08/96--01009--013
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: VICE PRESIDENT — 3/4/96 — 305-444-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-7-96