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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K76950

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LUFE CORPORATION

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Secretary of State	

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Principal Place (rincipal Place of Business Mailing Address		t danisiti bil isabia bilis shibi silil astl bibli bibli bibli sibli sibli bibli bibli bibli labi				
% LUIS FERNAM 12260 SW 2ND S PLANTATION FL	ST .	% Luis Fernandez 1474 w 84th St Ste B Hialeah Fl 33014-3363					
	••••				3. Date Incorporated or Qualified 03/27/1989	3a. Date of Last 03/14/1996	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0120178		Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			6. Certificate of Status Desired	T	Additional Required
22		City & State					
City & State		ê ` ` `			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
23 Zip	Country	28	Countr		8. This corporation has liability for i		
24	25	29	30	,		Nangible lax under	B. 199.002,
24	9. Name and Address of Cu		1301		10. Name and Address of New Re		
FERN	ANDEZ, LUIS		81	Name			
12260	SW 2ND ST TATION FL 33325		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
, 5			83				
			84	City		85 Zi	p Code
			64	City			p Code
	grative, typed or preten name of registere		DIE: Registered Ag	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	ORS IN 12
12.	PD	AND DIRECTORS DELETE	1.1 TRILE	<u>-</u>	ADDITIONS/CHANGES TO OFFIC	Change	
TITLE	FERNANDEZ, LUIS	Detrie	1.7 NAME			CHAIR CHAIR	
STREET ADORESS	12260 SW 2ND ST.			T ADDRESS			
CITY - \$1 - 7IP	PLANTATION FL		1.4 CITY-	1			
TITLE	SD	DELETE	2 1 TITLE			☐ Change	e Addilio
NAME	FERNANDEZ, ELIA		2.2 NAME]			,
STREET ADDRESS	12260 SW 2ND ST.		23 STREE	T ADDRESS			
CITY - S1 - ZIP	PLANTATION FL		2.4 CITY	ST-ZIP			
THILE		☐ DELETE	3.1 TITLE			Change	e Additio
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		DELETE	3.4. CITY	-ST-ZIP		☐ Chanp	e Additio
TITLE		T DECEIF	4.1 TITLE			L Cliang	c MOORIC
NAME OTDEET ADMINISTRA			4. 2 NAM	1			
STREET ADDRESS				T AODRESS			
City - S1 - ZiP Title	LALL SALVENING	DELETE	4.4 C/TY- 5.1 TITLE			Chang	e 🔲 Addilio
NAME			5.2 NAME			<u> </u>	
STREET ADDRESS				T ADDRESS			
CITY-SI-ZIP			5.4 CITY				
111LE		DELETE	6.1 TITLE			Chang	je 🔲 Additio
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY				
	rertify that the information sur	oplied with this filing does not gue			ed in Section 119.07(3)(i), Florida Statute	s. I further certify th	nat the

The mercoy certify that the minimation supplied with this limit does not qualify for the exemption stated in section 1.19.0 (S)(i), Florida Statutes. 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

305-822-5405 Dayring Phone #