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 25 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L48018** **(0)**

1. Corporation Name
LUCKY START, INC.

Principal Place of Business
% PEDRO M. ORTEGA
832 CORAL WAY
CORAL GABLES FL 33134

Mailing Address
PO BOX 960308
MIAMI FL 33296-0308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/05/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 **P.O.Box 960308**
City & State: 23 **Miami Florida**
Zip: 24 **33296-0308** Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: **65-0182208** ☐ 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

BALESTENA, ANTONIO
13060 N. CALUSA CLUB DRIVE
MIAMI, FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12515 North Kendall Dr. Suite 328
83
84 City: Miami **FL** 85 Zip Code: 33186

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE		☐ Change ☐ Addition
NAME	BALESTENA, ANTONIO	1.2 NAME		
STREET ADDRESS	13060 N. CALUSA CLUB DR.	1.3 STREET ADDRESS	12515 North Kendall Dr. Suite 328	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	Miami Fl. 33186	
TITLE	VPST	2.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JORGE	2.2 NAME		
STREET ADDRESS	832 CORAL WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, LUIS	3.2 NAME		
STREET ADDRESS	832 CORAL WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	ARIAS, MICHAEL	4.2 NAME		
STREET ADDRESS	14381 SW 37TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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)(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: Antonio R. Balestena **President** **04/21/95** **305-598-0053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0432908 FP