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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF BION

DOCUMENT # L48018

(0)

LUCKY START, INC.					1 (BUSINE) AND BURS (BURS) (BUSINESS (100) 50)	Aidir dillin av	ili Albir Brair Briti (Bb)
Principal Place	of Business	Mailing Address			- I TRUNKON UNION INNI UNIO NIONI NUNI	BION DIDN DID	ige Belket Bråde årder 1801
832 CORAL WAY MIAMI FL 33296-0308		PO BOX 960308 Miami Fl 33296-0308					
US					3. Date Incorporated or Qualified 02/05/1990		e of Last Report 1/1 <b>996</b>
2. Principal Pl.	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
	N KENDALI, DR	26 12515 N KENDALL DR			65-0182208	<del></del>	Not Applicable
Suite, Apt 4	Suite, Apt. #, etc. 27 SUITE 328			5. Certificate of Status Desired	<b>55</b>	\$8.75 Additional Fee Required	
City & State	)	City & State			6. Election Campaign Financing		\$5.00 May Be
23 MIAMI	FLORIDA	28 MIAMI FLOR			Trust Fund Contribution		Added to Fees
Ζιρ 24] 33186	Country  25 DADE U.S.A	<sup>Zip</sup> 33186	Cou 30 DA	ntry DE U.S.A	8. This corporation has liability for i	ntangible ta ] Yes []	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re-	gistered A	gent
BALESTENA, ANTONIO 81 Name							
12515 NORTH KENDALL DRIVE SUITE 328			Ì	82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	E 320 Al FL 33186			83			
				84 City		FL	85 Zip Code
11 Durausat k	a the provisions of Sections 607 0603	and 607 1609 Florida Statute	e the at	Nove-pamod co	rocration submits this statement for the n		hanging its registered
office or re agent I ar	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was a ions of, Section 607.0505, Flo	uthorized orida Stat	by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	it the appoi	ntment as registered
SIGNATURE	Signature: Typed or profited name of registered agent	and title if applicable. (NOTs	Registered	Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS IN 12
TITLE	PST	DELETE	1.1 TO	LE T			Change Addition
NAME	BALESTENA, ANTONIO		1,2 NA	ME			
STREET ADDRESS	12515 NORTH KENDALL DRIVE	SUITE 328	1.3 \$1	reet address			
CITY-ST-ZIP	MIAMI FL	- I STIETE	-	ry - ST - ZIP			Observe Maddless
TITLE	VPST	☐ DELETE	2.1 (1)			ι	Change Addition
NAME	FERNANDEZ, JORGE 832 CORAL WAY		2.2 N/	- 1			
STREET ADDRESS	CORAL GABLES FL 33134			REET ADDRESS			
CHY-SI-ZIP TITLE	V	DELETE	311	TY-ST-ZIP			Change Addition
NAME	FERNANDEZ, LUIS		3.2 N			_	
STREET ADDRESS	832 CORAL WAY			REET ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL 33134		•	TY-ST-ZIP			
THEF		DELETE	41 T)				Change Addition
NAME			4 2 N	AME			
STREET ADDRESS			4.3 ST	HEET ADDRESS			
CITY-SI-ZIF			4.4 Ci	ry+st-zip			
TILLE		☐ DELETE	5.1 TI	TLE		L	Change Addition
NAME			5.2 N	ME			
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP		T booter	_	TY-ST-ZIP			Change Addition
TITLE		DELETE	6.1 TI			L	Change
NAME DISTRIBUTION			6.2 N/				
STREET ADDRESS				REET ADDRESS			
14. I do heret	by certify that the information supplied	with this filing does not qualif		TY-ST-ZIP exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify that the
informatio	n indicated on this annual report or su	oplemental ann⊯al report is ti	rue and a	occurate and the	at my signature shall have the same lega orl as required by Chapter 607, Florida S	l effect as i	if made under oath; that I

ANTONIO R BALESTENA