

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:17

DOCUMENT # **L57171** (5)

1. Corporation Name
LUCIE TRADING, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| *FERNANDO F. CASTANO 4111 SW 47 AVE., STE. 321 DAVIE FL 33314 | *FERNANDO F. CASTANO 4111 SW 47 AVE., STE. 321 DAVIE FL 33314 |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/15/1990 | 3a. Date of Last Report 04/22/1994 |
|--|--|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0184339 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$6.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

| | | | |
|--------------------------------|-----------------------------|--------|------------|
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 <input type="checkbox"/> | 26 <input type="checkbox"/> | | |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | | |
| 23 City & State | 28 City & State | | |
| 24 Zip | 25 Country | 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent

**CASTANO, FERNANDO F.
4111 SW 47 AVENUE
SUITE 321
DAVIE FL 33314**

10. Name and Address of New Registered Agent

| | |
|---|--------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 4121 SW 47 AVE. |
| 83 | SUITE 1305 |
| 84 City | DAVIE FL 85 33314 |

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

(Signature, typed or printed name of registered agent and his or her address) (NOTE: Registered Agent signature required after recording) (DATE)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | PD V.P. - SECRETARY |
| NAME | CASTANO, FERNANDO F. |
| STREET ADDRESS | 4111 SW 47TH AVE., #321 |
| CITY, ST, ZIP | DAVIE FL |
| TITLE | VD PRES. / TREAS |
| NAME | CASTANO, ALBA LUCIA |
| STREET ADDRESS | 4111 SW 47TH AVE., #321 |
| CITY, ST, ZIP | DAVIE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | V.P. - SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4121 SW 47 AVE. #1305 |
| 1.4 CITY, ST, ZIP | DAVIE, FL 33314 |
| 2.1 TITLE | PRESIDENT / TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4121 SW 47 AVE. #1305 |
| 2.4 CITY, ST, ZIP | DAVIE, FL 33314 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY, ST, ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 110.07(3)(b), 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 a director, or in an attachment with an address.

SIGNATURE: *Alba Lucia Castano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBA L. CASTANO

3/6/95 (305) 997-4146
022322 CP