SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON- BEFORE 09/39/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Jul 27 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (2) Corporation Name SALON LUCA, INC. Principal Place of Business Mailing Address 22191 POWERLINE ROAD 22191 POWERLINE ROAD **80CA RATON FL 33442 BOCA RATON FL 33442** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0097891 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zlp Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KAMEL, NIKE 81 1240 S. REDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) BOYNTOÑ BEACH FL 33435 83 84 City 85 Zip Code 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 title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE 1.1 TITLE Change Addition __ DELETE **BOCCIA. ALBERT** 12 NAME NAME 5740 COACH HOUSE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOÇA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition **BOCCIA. JOSEPH** NAME 2.2 NAME 6736 VIA REGINA 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change DELETE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 100002603**4**er** 5.2 NAME NAME -07/31/98--01007--**0**34 5.3 STREET ADDRESS STREET ADDRESS ***150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE ___ Change ___ Addition

14. I hereby certify that the information supplied with this filing 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 suppliemental 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.

6.2 NAME

6.3 STREET ADDRESS

HONATURE (ALLA COLORDA COLORDA

NAME

STREET ADDRESS

561 2572555

FILED

CR2E034 (5/98)

. To whom It may Cottom! as per our telephone conversation on 7-1398, I have received The fusi nature to send in check. The second nature I received in the only one I received and the clink told me to send the 1500 how and energthey will the fine. · Hack you for your Cooperalem. Sweenly Joseph Baccon Solar Luca dec.