FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -5 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25665 (3)

1. Corporation Name

LUCHA, INC.

Principal Place of Business	Mailing Address
C/O ALFREDO MARTINEZ-GARCIA 4618 CANNA DR. ORLANDO FL 32839-3123	C/O ALFREDO MARTINEZ-GARCIA 4618 CANNA DR. ORLANDO FL 32839-3123

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1988
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2891219 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ — $9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARTINEZ-GARCIA, ALFREDO
4618 CANNA DR.
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name: Alfredo Martinez-Garcia
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4618 Canna Drive
84 City: Orlando FL 85 Zip Code: 32839

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BUTLER, MABEL	1.2 NAME	Butler, Mabel	
STREET ADDRESS	201 ROSALIND AVE	1.3 STREET ADDRESS	201 Rosalind Ave	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL	
TITLE	DT	2.1 TITLE	P	☒ Change ☐ Addition
NAME	CLAUDE, VINCE	2.2 NAME	Claude, Vince	
STREET ADDRESS	5337 OLD OAK TREE DR	2.3 STREET ADDRESS	5337 Old Oak Tree Dr	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL	
TITLE	D	3.1 TITLE	D	☐ Change ☐ Addition
NAME	MARTINEZ-GARCIA, ALFREDO	3.2 NAME	Martinez-Garcia, Alfredo	
STREET ADDRESS	4618 CANNA DR	3.3 STREET ADDRESS	4618 Canna Drive	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL	
TITLE	SD	4.1 TITLE	V	☒ Change ☐ Addition
NAME	ALI, RONAA	4.2 NAME	Ali, Ronaa	
STREET ADDRESS	545 VERN DR	4.3 STREET ADDRESS	545 Vern Dr.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL	
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alfredo Martinez-Garcia 3/30/95 407-932-4482
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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