

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000001693 (0)

1. Corporation Name

LUCKY ORLANDO, INC.



Principal Place of Business

5761 N.W. 37 AVENUE
MIAMI FL 33142

Mailing Address

5761 N.W. 37 AVENUE
MIAMI FL 33142

3. Date Incorporated or Qualified
11/03/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 3550 Biscayne Blvd

2a. Mailing Address
26 3550 Biscayne Blvd.

4. FEI Number
65-0368076

Applied For
Not Applicable

Suite, Apt. #, etc.
22 ST: 404

Suite, Apt. #, etc.
27 ST: 404

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 33137

Country
25 USA

Zip
29 33137

Country
30 USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLAND, BRIAN
5761 N.W. 37 AVENUE
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PSTD ☐ DELETE
NAME DULMAN, SIDNEY
STREET ADDRESS 5761 N.W. 37 AVENUE
CITY-ST-ZIP MIAMI FL

1.1 TITLE P/T/D ☒ Change ☐ Addition
1.2 NAME Sidney Dulman
1.3 STREET ADDRESS 3550 Biscayne Blvd, #404
1.4 CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME MAYRA Santos
2.3 STREET ADDRESS 3550 Biscayne Blvd, #404
2.4 CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIDNEY DULMAN 4/16/96 576-1600

CR2E034 (12/95)