FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mort[illegible]
Secretary of S[illegible]
DIVISION OF CORPO[illegible]TIONS

CR2E034 (12/95)

DOCUMENT # P93000003740 (6)

1. Corporation Name
LUPOMAS INVESTMENT CORPORATION

Principal Place of Business
1545 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address
% RICARDO MARTINEZ-CID. P.
1699 CORAL WAY. SUITE 510
MIAMI FL 33145

3. Date Incorporated or Qualified: **01/08/1993**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **65-0388899** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 ______
Suite, Apt. #, etc.
22 ______
City & State
23 ______
Zip 24 ______ Country 25 ______

2a. Mailing Address
26 ______
Suite, Apt. #, etc.
27 ______
City & State
28 ______
Zip 29 ______ Country 30 ______

9. **Name and Address of Current Registered Agent**

MARTINEZ-CID, RICARDO P.A.
1699 CORAL WAY, SUITE 510
MIAMI FL 33145

10. **Name and Address of New Registered Agent**
31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a[illegible] 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 [illegible]rporation'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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	**P**	☐ DELETE
NAME	**LUCARINI, MASSIMO**	
STREET ADDRESS	**170 OCEAN LANE DRIVE, APT 812**	
CITY-ST-ZIP	**KEY BISCAYNE FL 33149-1437**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: Lucarini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-96
Date

305-5310163
Daytime Phone #