

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90044 002 ***150.00

DOCUMENT # **P93000003740** ✓

1. Corporation Name
LUPOMAS INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

**1699 CORAL WAY STE. 510
MIAMI, FLORIDA 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/12/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **1699 CORAL WAY**

4. FEI Number

65-0388899 ✓

Applied For
Not Applicable

22 City & State--

27 **512**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

28 **MIAMI, FLORIDA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Country

29 **33145**

30 **DADE**

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RICARDO MARTINEZ-CID, P.A.
1699 CORAL WAY STE. 510
MIAMI, FLORIDA 33145**

10. Name and Address of New Registered Agent

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

TITLE **PRESIDENT** ☒ DELETE
NAME **MASSIMO LUCARINI**
STREET ADDRESS **170 OCEAN LANE DR. #812**
CITY-ST-ZIP **KEY BISCAYNE, FLORIDA 33149**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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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 **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **SANDRO VERNAZZA**
1.3 STREET ADDRESS **1699 CORAL WAY STE. 510**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33145**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: **SANDRO VERNAZZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

305 859-7494

Daytime Phone #

CR2E034 (11/98)