FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007296 (5)**

1. Corporation Name

LUMAR'S CARE CORP.

Principal Place of Business	Mailing Address
4794 S.W. 72ND AVENUE MIAMI FL 33155	4794 S.W. 72ND AVENUE MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/21/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0385700** ☐ Applied For ☐ Not Applicable
Suite, Apt. # or other (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
ZIP (24) County (25) City (29) County (30)
8. The corporation is actually conducting business under a fictitious name pursuant to Section 865.09, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARQUEZ, LUIS
4794 S.W. 72ND AVENUE
MIAMI FL 33155

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 Section 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS

DP
MARQUEZ, LUIS
4794 S.W. 72 AVENUE
MIAMI FL 33155

ST
MARQUEZ, LUIS
4794 S.W. 72 AVENUE
MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

14. I declare I verify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made under oath; that I am an officer or a 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 1, or Block 11 if changed, or on an attached amendment, if any, with my address.

SIGNATURE: 4/28/95 801 41M

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIGNING OFFICER OR DIRECTOR

0168111 CP