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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037014 (6)**

1. Corporation Name
**LUKEE'S U.S. INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2401 COLLINS AVE<br>SUITE 706<br>MIAMI BEACH FL 33140<br>US | 960 ARTHUR GODFREY RD.<br>SUITE 401<br>MIAMI BCH FL 33140<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1993**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **65-0412110** ☐ 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

9. Name and Address of Current Registered Agent

**REBECCHINI, LUCA**
**2401 COLLINS AVE**
**SUITE 706**
**MIAMI BEACH FL 33140**

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 607.0502 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: _____ (DATE)
(Typed or Printed Name of Registered Agent and Title if Applicable) (New Registered Office Address: No P.O. Box)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 001 TYPE | PD | 11 TYPE | ☐ Change ☐ Addition |
| 002 NAME | REBECCHINI, LUCA | 12 NAME | |
| 003 STREET ADDRESS | 2401 COLLINS AVE #706 | 13 STREET ADDRESS | |
| 004 CITY-ST-ZIP | MIAMI BEACH FL 33140 | 14 CITY-ST-ZIP | |
| 005 TYPE | | 21 TYPE | ☐ Change ☐ Addition |
| 006 NAME | | 22 NAME | |
| 007 STREET ADDRESS | | 23 STREET ADDRESS | |
| 008 CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| 009 TYPE | | 31 TYPE | ☐ Change ☐ Addition |
| 010 NAME | | 32 NAME | |
| 011 STREET ADDRESS | | 33 STREET ADDRESS | |
| 012 CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| 013 TYPE | | 41 TYPE | ☐ Change ☐ Addition |
| 014 NAME | | 42 NAME | |
| 015 STREET ADDRESS | | 43 STREET ADDRESS | |
| 016 CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 017 TYPE | | 51 TYPE | ☐ Change ☐ Addition |
| 018 NAME | | 52 NAME | |
| 019 STREET ADDRESS | | 53 STREET ADDRESS | |
| 020 CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 021 TYPE | | 61 TYPE | ☐ Change ☐ Addition |
| 022 NAME | | 62 NAME | |
| 023 STREET ADDRESS | | 63 STREET ADDRESS | |
| 024 CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I declare, I certify 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 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 added by attachment with an address.

SIGNATURE: _____ LUCA REBECCHINI, PRES. 4-27-95 305-531 3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0140454 CP