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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000037014 (6)

1. Corporation Name

LUKEE'S ILS INC

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

LUKEE'S U.S. II	NG.								
Principal Place of Business		Mailing Address				-{	F uuii Duiu I ikii		
2401 COLLINS AVE SUITE 706 MIAMI BEACH FL 33140 US		-900 ARTHUR GODFREY RD- -GUITE WUT -MIAMI BOH FL 33140 US							
					3. Date incorporated or Qualified 05/24/1993 05/01/1995				
2. Principal Place of Busine	SS	2a. Mailing Address 26 2401 Cr	. ما دا	<i>-</i> 0.		4. FEI Number 65-0412110			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	عمتلك)_H7	·C				Additional
22		27 706			5. Certificate of Status Desired Fee Required				
City & State		City & State	.			6. Election Campaign Financing			May Be
23	Country	28 M QM	Beac.			Trust Fund Contribution			to Fees
¬ ˙	25	29 33140		```` ∑\A\X	=	8. This corporation has liability for Florida Statutes	Intangibie tax □ No	unuers	199.032,
<u> </u>	and Address of Current			<u> </u>		10. Name and Address of New F	· · · · · · · · · · · · · · · · · · ·	jent	
				81 Nar	ne				
REBECCHINI, LUCA			ŀ	82 Stre	et Addre	ss (P.O. Box Number is Not Acceptate	ole)		
2401 COLLINS AVE			ļ	-					
SUITE 706				83					
MIAMI BEACH FL 3	3140			84 City	,		FL	85 Zip	Code
or registered agent, or t	ooth, in the State of Florid	and 607.1508, Florida Statut a. Such change was authoriz on 607.0505, Florida Statutes	zed by the c	ve-name orporatio	d corpora n's board	ition submits this statement for the pu d of directors. I hereby accept the app	rpose of chang ointment as re	ging its re gistered	egistered office agent. I am
CICNATURE	r printed name of registered agent a			Agent signal	ura facilirad	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF		IRECTO	RS IN 12
TITLE PD		DELETE	1.1 1	TLE				Change	☐ Addition
	HINI, LUCA		1.2 NA	ME					
	OLLINS AVE #706		. 1.3 ST	reet addre	ss				
· · · · · · · · · · · · · · · · · · ·	EACH FL 33140	☐ DELETE		Y-ST-ZIP				Chaosa	☐ Addition
TITLE		[] otter	2 1 Ti 2.2 NA				Ц	Change	Addition
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CITY-ST-7IP				neet AUUNE TY-ST-ZIP	33				
TITLE		☐ DELETE	3. 1 TI			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3 3. S	REET ADDRI	:SS				
CITY-ST-7IP				Y-ST-ZIP					· · · · · · · · · · · · · · · · · · ·
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NAME			4.2 NA						
STREET ADDRESS			1	REET ADDRE	SS				
City-St-ZiP Title		DELETE	4.4 Ci	TLF				Change	Addition
NAME		C Deteri	5.1 N				Ш	Strainge	
STREET ADDRESS			1	reet addre	ss				
City-St-ZiP				14-ST-24P	-				
TITLE		☐ DELETE	6.17		<u> </u>			Change	Addition
NAME		_	6.2 NA	ME			-	•	•
STREET ADDRESS			6.3 ST	REET ADDRE	ss				
C-TY-ST-ZIP				Y-ST-ZIP					
certify that the informati	on indicated on this annua	al report or supplemental ann	nual report is	s true and	accurati	r the exemption stated in Section 119 e and that my signature shall have the	same legal ef	fect as if	made under
oatn; that I am an office appears in Block 12 or	r or airector of the corpor Block 13 if changed, or oi	ation or the receiver or truste n an attachment with an add	e empower ress			report as required by Chapter 607, FI	orida Statutės	; and tha	t my name

INDOWERED TO EXECUTE THIS TOPIC.

LUCA REBECCHIN 4-23-96

305-538 3666