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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Saridra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE:

P93000076167 (4)

| | LUCKY | GUYS, | INC. | | | | | | | | | | |
|---|--|-----------------------------|---|------------------------------------|--|--------------------------------------|--------|----------------------|---|--|------------------------------|-----------------------------|-------------------------------------|
| Þ | rincipal Place | of Business | i | N | failing Address | | | | | | | /BB4B B41B1 I | |
| 3550 BISCAYNE BLVD. STE. 404 MIAMI FL 33137 | | | | | 3550 BISCAYNE BLVD. STE. 404 Miami Fl. 33137 | | | | | | | | |
| | | | | | אוראחו דב שטוטי | | | | 3. Date Incorporated or Qualified 10/27/1993 | | te of Last 05/01/1 | | |
| 2 21 | 1 ' | ncipal Place of Business | | | 2a. Mailing Address 26 | | | | | 4. FEI Number 65-0446840 | | _ | Applied For Not Applicable |
| 22 | Suite, Apt. # | , etc. | | 27 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | • | 75 Additional e Required | |
| 23 | City & State | | | 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5. | .00 May Be | |
| | Zip T | | | | Zip Country | | | у | | 8. This corporation has liability for intangible tax under s 199.032, | | | |
| 24 | l | 9 Name | 25 and Address of C | 29 Current Regis | stered Agent | 30 | т | | | Florida Statutes Yes 10. Name and Address of New F | | Agent | |
| | | g, Harri | uno Address of C | zanom nogu | More Agori | | 81 | ī | Name | IO. Hame and Address of New F | iogratere. | Agent | |
| | | D, BRIAN | | | | | | 2 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | 3550 BISCAYNE BLVD. STE, 404 | | | | | | 83 | + | | | | | |
| | MIAMI F | L 33137 | | | | | 84 | + | City | | Fl | 85 | Zip Code |
| 1 | 1. Pursuant to | the provisi | ions of Sections 60 | 7.0502 and 60 | 07.1508, Florida S | Statutes, the at | ove- | nar | med corporat | ion submits this statement for the pur | | anging it | s registered office |
| i | or registere familiar with | ed agent, or n, and acce | both, in the State o pt the obligations of | of Florida. Suc f, Section 607 | h change was au .0505, Florida St | ithorized by the atutes. | corp | pora | ation's board | ion submits this statement for the pur of directors. I hereby accept the app | ointment a | s register | ed agent. I am |
| S | IGNATURE. | Somatous based | or printed partie of register | and amount and tills if | - depolicent | AiOTE Pagistos | ad Aaa | not ei | ignature required w | the solution | DATE | | |
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| N/ | AME | | vn, sidney | | | 12 | NAME | | | | | _ | _ |
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| | AMF | | ND, BRIAN | | | | NAME | | | | | onang. | c |
| | | | BISCAYNE BLVD., | STE ADA | | | | | 200000 | | | | |
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| | FREET ADDRESS | | | 015, 404 | | | | | | | | | |
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| SI | TREET ADDRESS | | | | | 63 | STREE | T AS | DORESS | | | | |
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| 1 | I do hereby certify that | certify that | the information sup tion indicated on th | oplied with this is annual reno | s filing is voluntari at or supplement | ly furnished and al annual report | d doe | es r ue | not qualify for and accurate | the exemption stated in Section 119 and that my signature shall have the | .07(3)(k), Fl .same tecs | iorida Stat al effect er | tutes. I further s if made under |
| | oath; that f appears in | am an offic Block 12 of | er or director of the r Block 15 if change | corporation c ed, or on an at | or the receiver or the chiment with ar | trustee enipow i ado ass | ered | to | execute this r | report as required by Chapter 607, FI | orida Statu | ites; and f | that my name |

MME OF SIGNING OFFICER ON DIRECTOR DIVERS & DULMAN 4/14/96