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 APR 24 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000076945 (3)**

1. Corporation Name
LUZ OF BROWARD, INC.

Principal Place of Business	Mailing Address
1600 STIRLING RD. DANIA FL 33004	1600 STIRLING RD. DANIA FL 33004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/05/1993**
3a. Date of Last Report: **04/19/1994**

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

4. FEI Number: **65-0447662** ☐ 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

ZULUAGA, ALVARO
2034 E. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306-1107

10. Name and Address of New Registered Agent

81 Name: SHAUN M. DAVIS, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 2131 Hollywood Blvd.
83: Suite 204
84 City: Hollywood FL 85 Zip Code: 33020

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: Shaun M. Davis CPA — 3/2/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPS ☐ Change ☐ Addition
NAME	MACHADO, LAZARO	1.2 NAME	MACHADO, LAZARO
STREET ADDRESS	3835 N.W. 168TH TERRACE	1.3 STREET ADDRESS	3835 NW 168th Terrace
CITY-ST-ZIP	OPA LOCKA FL 33055	1.4 CITY-ST-ZIP	Opa Locka, FL 33055
TITLE	T	2.1 TITLE	☒ Change ☐ Addition
NAME	LOPEZ, TOMAS	2.2 NAME	
STREET ADDRESS	3835 N.W. 168TH TERRACE	2.3 STREET ADDRESS	3850 N. 5th Ave. APT. 506
CITY-ST-ZIP	OPA LOCKA FL 33055	2.4 CITY-ST-ZIP	Hollywood, FL. 33021
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Lazaro Machado — 3/2/95 — 921-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0076101 CP