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 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010868 (5)

1. Corporation Name

LUDO, INC.

Principal Place of Business	Mailing Address
C/O MIGUEL M. GONZALEZ ~~SUITE 12~~, 370 MINORCA AVENUE, SUITE 5 CORAL GABLES FL 33134	C/O MIGUEL M. GONZALEZ ~~SUITE 12~~, 370 MINORCA AVENUE, SUITE 5 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22 SUITE 5	Suite, Apt. #, etc: 27 SUITE 5
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

4. FEI Number: 65-0474166 ☐ 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	10. Name and Address of New Registered Agent
GONZALEZ, MIGUEL M ~~SUITE 12~~ THE LAW CENTER 370 MINORCA AVENUE CORAL GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): SUITE 5 83 84 City: FL 85 Zip Code

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CHIARI, RODOLFO E	12 NAME	
STREET ADDRESS	370, MINORCA AVE., SUITE ~~12~~ 5	13 STREET ADDRESS	suite 5
CITY ST ZIP	CORAL GABLES FL 33134	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CHIARI, LUZ M	22 NAME	
STREET ADDRESS	370, MINORCA AVE., SUITE ~~12~~ 5	23 STREET ADDRESS	suite 5
CITY ST ZIP	CORAL GABLES FL 33134	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☒ Addition
NAME	Milantia Jaen	32 NAME	
STREET ADDRESS	370 Minorca Ave Suite 5	33 STREET ADDRESS	
CITY ST ZIP	Coral Gables , Fl 33134	34 CITY ST ZIP	
TITLE	Secretary	41 TITLE	☐ Change ☒ Addition
NAME	Louis Moolchan	42 NAME	
STREET ADDRESS	370 Minorca Ave S#5, C.G Fl	43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	RECEIVED BY MAY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	Deposited by Bam

5/1/95 MB

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)(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 (changed), or on an attachment with an address.

SIGNATURE: [signature] 4/25/95 461-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0130270 CP