

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000010868 (5)

1. Corporation Name
LUDO, INC.

Principal Place of Business

O/O MIGUEL M. GONZALEZ
SUITE 5 - 370 MINORCA AVENUE
CORAL GABLES FL 33134
406

Mailing Address

O/O MIGUEL M. GONZALEZ
SUITE 5 - 370 MINORCA AVENUE
CORAL GABLES FL 33134
406

2. Principal Place of Business

21 ✓ 764 Arthur Godfrey Rd
Suite, Apt. #, etc.

22 ✓ City & State
Miami Beach, FL

23 ✓ Zip
33140

25 ✓ Country
USA

2a. Mailing Address

26 ✓ 764 Arthur Godfrey Rd
Suite, Apt. #, etc.

27 ✓ City & State
Miami Beach, FL

28 ✓ Zip
33140

30 ✓ Country
USA

3. Date Incorporated or Qualified
02/02/1994

3a. Date of Last Report
07/16/1996

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

GONZALEZ, MIGUEL M.
SUITE 5, THE LAW CENTER
370 MINORCA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Louis Moolchan
82 Street Address (P.O. Box Number is Not Acceptable)
764 Arthur Godfrey Rd
83 ✓
84 City Miami Beach FL 85 Zip Code 33140

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 21, 1997

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--------|
| TITLE | D | DELETE |
| NAME | CHIARI, LUZ M | |
| STREET ADDRESS | 370 MINORCA AVE SUITE 5 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | D | DELETE |
| NAME | JAEN, MILANTIA | |
| STREET ADDRESS | 370 MINORCA AVE, SUITE 5 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | S | DELETE |
| NAME | MOOLCHAN, LOUIS | |
| STREET ADDRESS | 370 MINORCA AVE, SUITE 5 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | ✓ 764 Arthur Godfrey Rd | |
| 1.4 CITY-ST-ZIP | ✓ Miami Beach, FL 33140 | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | ✓ 764 Arthur Godfrey Rd | |
| 2.4 CITY-ST-ZIP | ✓ Miami Beach, FL 33140 | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | ✓ 764 Arthur Godfrey Rd | |
| 3.4 CITY-ST-ZIP | ✓ Miami Beach, FL 33140 | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

CR2E034 (9/96)