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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:50

DOCUMENT # **P94000028569 (9)**

1. Corporation Name

LUPA INC.

Principal Place of Business	Mailing Address
440 ESPANOLA WAY MIAMI BEACH FL 33139	440 ESPANOLA WAY MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/14/1994**
3a. Date of Last Report:

2. Principal Place of Business 21 407 Lincoln rd.	2a. Mailing Address 26 407 Lincoln Rd.	4. FEI Number 65-0481694	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 5B	Suite, Apt. #, etc. 27 Suite 5B	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Miami Beach, F.l.	City & State 28 Miami Beach, F.l.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33139 / 25 Dade	Zip / Country 29 33139 / 30 Dade	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
BRITO, LUIS G 440 ESPANOLA WAY MIAMI BEACH FL 33139	81 Name: Brito, Luis G 82 Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Rd. Suite 5B 83 84 City: Miami Beach FL 85 Zip Code: 33139

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 required for new registered agent) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CARRARA, SYLVAIN	12 NAME	
STREET ADDRESS	538 WASHINGTON AVE.	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33139	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	DOINO, PAOLO	22 NAME	
STREET ADDRESS	538 WASHINGTON AVE.	23 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33139	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DOINO, TONINO	32 NAME	
STREET ADDRESS	538 WASHINGTON AVE.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33139	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		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	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or reinstatement 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 1 or Block 11 if changed or added to the report with an address.

SIGNATURE: _____ Title _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0146577 CP