SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P94000038267 (8) DOCUMENT # LUBY INTERNATIONAL, INC. LUBY110% 334342001 1396 04/17/96 NOTIFY SENDER OF NEW ADDRESS 4240 NE 24TH AVE Lighthouse point fl 33064-8030 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1994 talladdaadladalladdlaadldlaaddalladda 06/01/1995 4. FEI Number Applied For 65-0572477 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible this under s. 199.032 24 Yes 🖪 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHANTZ, LAWRENCE ESQ. 200 S. BISCAYNE BLVD. STE. 1050 83 **MIAMI FL 33131** 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida Such change was authorized by the perporation's board of dagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes this statement for the purpose of changing its registered I hereby accept the ap-(NOTE_Rugistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND 13. DIRECTORS IN 12 (36/8) TITLE D DELETE 11 TITLE Change Addition NAME LUBY, ILENE 1.2 NAME CR2E034 STREET ADDRESS 20110 BOCA WEST DRIVE STE. 223 1.3 STREET ADDRESS CITY - ST - ZIP **BOCA RATON FL 33434** 14 CITY - ST-ZIP TITLE DELETE 2.1 THILE Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST- ZIP 3 4. CITY - ST - 21P TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CHY-ST-7IP TITLE DELETE 6131116 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 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)(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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 13 or Block 12 or Block 13 or Block 12 or Block 13 or Block 12 or Block 12 or Block 13 or Block 12 or

Durk

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF