

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044991 (5)

1. Corporation Name
LUCKY 7 #2, INC.

FILED
97 SEP -3 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
18369 NORTHWEST 27 AVENUE
MIAMI FL 33055

Mailing Address
18369 NORTHWEST 27 AVENUE
MIAMI FL 33056-3169

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1994		3a. Date of Last Report 02/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 64-0498405		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BANA, MOHIDIOBAL H. 18369 NW 27TH AVENUE MIAMI FL 33055				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 6/18/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. TITLE P				1.1 TITLE			
2. NAME BANA, MOHIDIOBAL H				1.2 NAME			
3. STREET ADDRESS 18369 NORTHWEST 27 AVENUE				1.3 STREET ADDRESS			
4. CITY-ST-ZIP MIAMI FL 33055				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2. TITLE				2.1 TITLE			
3. NAME				2.2 NAME			
4. STREET ADDRESS				2.3 STREET ADDRESS			
5. CITY-ST-ZIP				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3. TITLE				3.1 TITLE			
4. NAME				3.2 NAME			
5. STREET ADDRESS				3.3 STREET ADDRESS			
6. CITY-ST-ZIP				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4. TITLE				4.1 TITLE			
5. NAME				4.2 NAME			
6. STREET ADDRESS				4.3 STREET ADDRESS			
7. CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5. TITLE				5.1 TITLE			
6. NAME				5.2 NAME			
7. STREET ADDRESS				5.3 STREET ADDRESS			
8. CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6. TITLE				6.1 TITLE			
7. NAME				6.2 NAME			
8. STREET ADDRESS				6.3 STREET ADDRESS			
9. CITY-ST-ZIP				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.

SIGNATURE _____

CR2E034 (9/96)