FILE NOW: FILING FEE AFTER MAY 1 IS \$550.





FLORIDA DEPARTMENT Q

Secretary of Sta

DIVISION OF CORPORATIONS

FILED Mar 13 1997 8:00am Secretary of State

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DOCUMENT # P94 6 00057870 (1) The lugal Place, INC.								
1. Corporation Name								
ļ 	The luga/1/0	e, Luc	,					
Principal Place of Business Mailing Address								
3198 Sa sath St 3198 for 26 1/2 h mami, FL 33133 mami, FL 33133								
100 0	· CI 33,33	V31 10 too	: A	3312	3			
rniami	1 12 80111	· -// + • • •	7	• • •		3. Date Incorporated or Qualified	3a. Date of Last Re	
2 Poncina: Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number	02-20	plied For
21 SAM & 26 SAM			SAM	e		65-0507914	/ 	t Applicable
Suite Apr	# etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired	¬ \$8.75 A	
22		27					Fee Re	
<u></u>	City & State City & State 28			i		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23 Zip				Country		8. This corporation has liability for inta		
24	├ ─┐		30	30		Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Age	nt		,	10. Name and Address of New Regis	tered Agent	
	Dr. 2 M19	auL A		81	Name			
Person Miguel A. 3198 Sau 26 Til St. Miguel 33133				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	3198 Ja	26 121	711	63				
mani F1 33/33					·			
<u> </u>	V. [14 VIII]			84	City		FL 85 Zip C	ode
11. Pursuant t	o the provisions of Sections 607.05	02 and 607 1508, F	lorida Statutes,	the above	named corp	oration submits this statement for the purp	ose of changing its	registered
office or re agent I ar	egistered agent, or both, in the Stati in familiar with, and accept the obliq	ie of Florida. Such c gations of, Section (nange was autr 507,0505, Florid	norized by da Statutes	the corporat s.	ion's board of directors. I hereby accept the	ie appointment as r	egistered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·		·	
12.	Signature, typed or printed name of registered ac	gent and title if applicable. ND DIRECTORS	(NOTE: R	egistered Age	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE RS AND DIRECTORS	S IN 12
pre-	Offector but de	n-/	DELETE	1.1 TITLE		7.00(17010)017111000 10 0171001	☐ Change	Addition
NAME	Miguel a. Rura 3			1.2 NAME				
STREET ADORESS	12/20 pain 184			1.3 STREET ADDRESS				č
CITY-ST ZIP	Jighah, Pla 33014		1.4 CiTY+S	T-ZIP				
HTLE	Virgotal De	Tractor D. DELETE		21 TITLE			L. Change	L. Addition C
NAME STREET ADDRESS	LOUT des A. Frag	•		2.2 NAME 2.3 STREET	ADDRECC			
CHTY-ST ZiP	The bold Go 33	ON		2.4 GITY-6		•		
Till F	escare, (4,		DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			ľ
Clin St. 7.5			l no str	3 4 CITY-5	ST- ZIP			111444
1011.8		L.	DELETÉ	4.1 TITLE	. [Change	Addition
NAME CIRCLE ADDOCCO				4. 2 NAME 4.3 STREET	Annaree			
STREET ADDRESS CITY+ST-ZIP				4.5 STREET	ľ			
Ilars Filesiskii			DELETE	51 TITLE			Change	Addition
NAME			i	5.2 NAME			_	
SOREET ADDRESS				5.3 STREET	ADDRESS		1/8	3-13
CITY ST 7 P			Locure	5.4 CITY-S	T- ZIP			
MLF		L	DELETE	6.1 TITLE			☐ Change	L Addition
NAME STREET ALDAESS				62 NAME 63 STREET	ADDRESS	900002113 -03/14/9701004 ***165.00	-669	
STEEL MUNICOL				64 CITY-S	Į.	***182 UU -noviavola-ninona,	cypu	-
14 Lda bere	by certify that the information supply	ed with this filing do	es not qualify for			in Section 119.07(3)(i), Florida Statutes, I	further certify that t	he

r on nercoy certify that the information supplied with this filling 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 for on amultachment with an address.