

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED AND FILED

95 JUL 25 PM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **P94000070658 (7)**

JUVITEC, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **15181 S.W. 113 ST. MIAMI FL 33196**
Mailing Address: **15181 S.W. 113 ST. MIAMI FL 33196**

3. Date Incorporated or Qualified	3a. Date of Last Report
09/26/1994	INITIAL REPORT
4. FEI Number	Applied For
65-0528133	NOT APPLICABLE
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 190.037 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	25. Country
29. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUENGO, CARMEN T 15181 S.W. 113 ST. MIAMI FL 33196	B1. Name
	B2. P.O. Box Number (Not Applicable)
	B3. City
	B4. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENT	
NAME	DP LUENGO, CARMEN T	1. NAME	
RESIDENCE	15181 S.W. 113 ST. MIAMI FL 33196	2. STREET ADDRESS	
CITY		3. CITY, STATE	
ZIP		4. PHONE	
NAME	DS LUENGO, VICTOR	5. NAME	
RESIDENCE	15181 S.W. 113 ST. MIAMI FL 33196	6. STREET ADDRESS	
CITY		7. CITY, STATE	
ZIP		8. PHONE	
NAME		9. STREET ADDRESS	
RESIDENCE		10. CITY, STATE	
CITY		11. PHONE	
ZIP		12. NAME	
NAME		13. STREET ADDRESS	
RESIDENCE		14. CITY, STATE	
CITY		15. PHONE	
ZIP		16. NAME	
NAME		17. STREET ADDRESS	
RESIDENCE		18. CITY, STATE	
CITY		19. PHONE	
ZIP		20. NAME	
NAME		21. STREET ADDRESS	
RESIDENCE		22. CITY, STATE	
CITY		23. PHONE	
ZIP		24. NAME	
NAME		25. STREET ADDRESS	
RESIDENCE		26. CITY, STATE	
CITY		27. PHONE	
ZIP		28. NAME	
NAME		29. STREET ADDRESS	
RESIDENCE		30. CITY, STATE	
CITY		31. PHONE	
ZIP		32. NAME	
NAME		33. STREET ADDRESS	
RESIDENCE		34. CITY, STATE	
CITY		35. PHONE	
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CITY		39. PHONE	
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NAME		41. STREET ADDRESS	
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ZIP		88. NAME	
NAME		89. STREET ADDRESS	
RESIDENCE		90. CITY, STATE	
CITY		91. PHONE	
ZIP		92. NAME	
NAME		93. STREET ADDRESS	
RESIDENCE		94. CITY, STATE	
CITY		95. PHONE	
ZIP		96. NAME	
NAME		97. STREET ADDRESS	
RESIDENCE		98. CITY, STATE	
CITY		99. PHONE	
ZIP		100. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required for the completion of this report as required by Section 190.037, Florida Statutes. I further certify that the information and data in this report or supplemental annual report is true and accurate and that my signature shall bear the same responsibility as it bears under the laws of the State of Florida. I am familiar with and accept the obligations of the provisions of the laws of the State of Florida concerning the report as required by Chapter 190, Florida Statutes, and that my name appears in Article 12 of the Constitution of the State of Florida as an official bonded with an address.

SIGNATURE: *Carmen Luengo*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

09/15/95

CP 3004 (3/95)

Kicia 7/25/95