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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000071951

LUNAPLENA CORPORATION

Principal Place	e of Business	Mailing Address				1 10011051 110	[B4] B4B4 BB43 0 0	ille ka tel va tel it	4001	Atian tian tasi
42000-BISCAYNE-BLVB. 9360 SUNSET DRIVE										
CUITE TOO										
MIAMI FL 33173 MIAMI FL 33173							DO NOT WRI		SPACE	
us us						3: Date Incorporate	ed or Qualifed			
						09/30/1994	<u> </u>			
L	lace of Business	2a. Mailing Address				4: FEI Number	•			plied For
21 1110 Brickell Avenue 26						<u>65-0544529</u>				t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Sta	atus Desired		\$8.75 A	
22 27									- Fee Re	
City & State City & State						Election Campa	•		\$5.00	
23 Miami		28	<u> </u>				tribution		Added t	o Fees
Zip	Country	<u> </u>	Zip Country			8. This corporation		ent year Inta		
24 33131		29 3	30			Personal Prope			X Yes	□No
	9. Name and Address of Current	Registered Agent		1		10. Name and Add	iress of New F	Registered /	Agent	
700	oporr lonor		81	Name						
TODOROFF, JORGE				Street	Addres	s (P.O. Box Number	is Not Accepta	able)		_
I	SUNSET DRIVE					<u> </u>				
	E 212		83							
MIAN	/II FL 33173		84	City	_	<u> </u>			85 Zip C	ode.
			04	City				FL	, 65 2.5 3	,,,,,
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	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age	nt signature r	required w	hen reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHA	ANGES TO OF	FICERS AN		
TITLE	DPST	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	TODOROFF, JORGE		1.2 NAME							
STREET ADDRESS	9360 SUNSET DRIVE, SUITE 21:	2	1.3 STREE	T ADDRESS						
CITY-ST-ZIP	MIAMI FL		1,4 CITY-S	T- ZIP	l					
TITLE		☐ DELETE	2.1 TITLE		Dir	ector			☐ Change	▼ Addition
NAME			2.2 NAME		Ces	ar A. Bai	rroso			
STREET ADDRESS			2.3 STREE	TADDRESS	111	0 Brickel	ll Aven	iue		
CITY-ST-ZIP			2. 4 CITY-		l .	mi, FL				
TITLE	<u> </u>	☐ DELETE	3.1 7TTLE						Change	Addition.
NAME			3.2 NAME	ĺ	i					
STREET ADDRESS			3.3 STREE	TADDRESS))
			3.4. CITY-				•			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	,, <u>L</u> ,		·			☐ Change	Addition
NAME		_	4. 2 NAME							
			1	TADORESS						
STREET ADDRESS			4.4 CITY-S		ĺ					ļ
CITY-ST-ZIP TITLE		[] DELETE	5.1 TITLE	1 - CJF	\vdash				☐ Change	Addition
			5.2 NAME						_ •	
NAME				TADORESS	ļ					
STREET ADDRESS			5.4 CITY-S							j
CITY-ST-ZIP		DELETE	6.1 TITLE	, 211	 				☐ Change	Addition
TITLE		C) OECETE	6.2 NAME							
NAME				T ADDDECO	 					
STREET ADDRESS			0.3 STREE	TADDRESS	I	1				

6.4 CITY-ST-ZIP 14. I hereby 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, or organ attachment with an address, with all other like empowered.

SIGNATURE:

Cesar A.