

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000091760 (6)

1. Corporation Name

LUTA, INC.



Principal Place of Business

Mailing Address

**%OSCAR LEVIN
1221 BRICKELL AVE., 23RD FLOOR
MIAMI FL 33131**

**%OSCAR LEVIN
1221 BRICKELL AVE., 23RD FLOOR
MIAMI FL 33131**

2. Principal Place of Business

21 **LUTA INC.**

2a. Mailing Address

26 **LUTA INC.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1717 N. BAYSHORE DR #2647**

27 **1717 N BAYSHORE DR #2647**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

Country

Zip

Country

24 **33132**

25

29 **33132**

30

9. Name and Address of Current Registered Agent

**LEVIN, OSCAR
1221 BRICKELL AVE.
23RD FLOOR
MIAMI FL 33131**

3. Date Incorporated or Qualified

12/19/1994

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0566463

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **LUISA VELOSO TARTUCE**

82 Street Address (P.O. Box Number is Not Acceptable)

1717 N BAYSHORE DR #2647

83

84 City

MIAMI

FL

85 Zip Code

33132

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

Luisa Sartuce

(Print Name, typed or printed name of registered agent and the filer's application)

02/01/94

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP TARTUCE, LUISA H.V.**
STREET ADDRESS **C/O 1221 BRICKELL AVENUE, #2300**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **DP TARTUCE, LUISA H.V.**
1.3 STREET ADDRESS **1717 N. Bayshore Dr. #2647**
1.4 CITY-ST-ZIP **MIAMI FL 33132**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

Luisa Sartuce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

(305) 301-7867

Date Daytime Phone

CR2E034 (12/95)