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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000016227 (7)

DOCUMENT #	P95000016
LU MAR APARTMEN	T CORPORATION

Principal Place 2730 COLLIN SUITE 101 MIAMI BEAC	NS AVE.	Mailing Address 2730 COLLINS AVE. SUITE 101 MIAMI BEACH FL 33	F140		ne elice Hand Helt läfft läff
				 Date Incorporated or Qualified 02/28/1995 3a. Date 	of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ptc	26	·	65-05 59 9 40	Not Applicable
22	π, εισ.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
3		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zγρ Ti	Country	Zip	Country	8. This corporation has liability for intangible tax	
4	25 9. Name and Address of Currer	29	30	Florida Statutes	
	5. Tenno and Address of Currer	n negistered Agent	81 Nanie	10. Name and Address of New Registered A	gent
913 NOI MIAMI B	Stein, Richard Rmandy Drive IEACH FL 33141		83 84 City	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
familiar wit	to the provisions of Sections 607,0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect			oration submits this statement for the purpose of char ard of directors. I hereby accept the appointment as r	L I iging its registered office egistered agent. I am
SIGNATURE -	Signature, typed or printed name of registered agent	and tibe if anoicable (A	IOTE: Registered Agent signature require	od when receipt a	
12.	OFFICERS AN		13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	PVST	☐ DELETE	1. 1 TITLE		Change Addition
NAME :	RANCANO, NIVARDO		1.2 NAME		
STREET ADDRESS	% 2730 COLLINS AVE. #101 MIAMI BEACH FL 33140		1.3 STREET ADDRESS		
CITY-SI-ZIP VITLE	D	□ DELETE	14 CITY-SI-ZIP 2 1 TITLE		
iAME	RANCANO, NIVARDO	Decerte	2 2 NAME	L	Change
TREE1 ADDRESS	% 2730 COLLINS AVE. #101		2.3 STREET ADDRESS		
1TY-ST-ZIP	MIAMI BEACH FL 33140		2 4 CITY - ST- ZIP		
TLE		DELETE	3. 1 TITLE		Change [7] Addition
AME			3 2 NAME		_
TREET ADDRESS			3.3 STREET ADDRESS		
ITY-\$T-ZIP		□ britic	3 4 CITY - ST - ZIP		
AME		☐ DELETE	4. 1 TITLE		Change 📋 Addition
THEET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
ITY-ST-ZIP			4.4 CITY - ST- ZIP		
TLE		DELETE	5 1 TITLE		Change
AME			52 NAME		The state of the s
TREET ADDRESS			5.3 STREET ADDRESS		
ITY-ST-ZIP			5 4 CITY - ST - ZIP		
TLE .		☐ DELETE	6 1 TITLE		Change Addition
AME			6.2 NAME		
IREET ADDRESS			6.3 STREET ADDRESS		
1Y-ST-ZiP 4. I do hereby	certify that the information supplied u	with this filling is valuntarily from	64 CITY-ST-ZIP	or the exemption stated in Section 119.07(3)(k), Floric	
oath; that I appears in I	am an officer or director of the orroor Block 12 or Block 13 if cryinged or o	at report of suppliemental and attion or the receiver or trusten an attachment with an add	idal report is true and accura se empowered to execute this ress.	te and that my signature shall have the same legal ef s report as required by Chapter 607, Florida Statutes	
SIGNAT	URE: SIGNATURE OF TYPED OR	PRINTED NAME OF SIGNING OFFICE	N. Rand		74-9533 THE Phone #

SIGNATURE: 1/2