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

DOCUMENT # 1. Corporation Name

P95000019895 (8)

MARIA ALMA LUNA, INC.

Principal Place of Business Ma'ling Address 9425 S.W. 92ND ST. MIAMI FL 33173 9425 S.W. 92ND ST. MIAMI FL 33173 **APPROVED** AND

95 MAY -1 AN 4:09

STOREMARY OF STATE



MINMI FE 33173		MIMMI TE SO	110					
						3. Date incorporated or Qualified 03/13/1995	3a . Da	te of Last Report
2. Principal Place of Busin	ess	2a. Mailing Add	Iress			4. FEI Number		Applied For
21		26				^650570613		Not Applicate
Suite, Apt. #, etc		Suite, Apt	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
Crty & State		City & State	3			6. Flection Campaign Financing		\$5.00 May Be
23	,	28				Trust Fund Contribution	U	Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for		tax under s. 199.032,
24 0 Alama	25 and Address of Curr	29	30			Florida Statutes Yes 10. Name and Address of New F		1 Agent
y, warne	and Address of Cari	en negistereu Agen		81 N	Name	10. Name and Address of New P	e A is rei e	1 Agent
IIIMIA BAARNA A								
LUNA, MARIA A 9425 S.W.92ND ST. MIAMI FL 33173				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
•			-	84	City			85 Zip Code
•			İ	` `	Oit,		F	L 30 2.0000
familiar with, and acce SIGNATURE	both, in the State of Paper the obligations of, Se	ection 607.0505, Florida	s authorized by the on Statutes			d of directors. Thereby accept the app	ointment a	as registered agent. Fam
12.		AND DIRECTORS	13.	·	<u></u>	ADDITIONS/CHANGES 10 0H	errs a	D. D.RECTORSTINE
TITLE D		[] DE	LETE 1 1 III	TLE.		-05/10	746	61 628 - 60 Aportion
NAME LUNA,	MARIA A		1.2 NA	ME	ŀ			****200.00
STREET ADDRESS 9425 S.W. 82ND ST.				13 STREET ADDRESS			00.00	**************************************
CITY-ST-ZIP MIAMI	FL 33173		1.4 CiT	Y-ST-2	ZIP			
TMLE		□ Di	LETE 2.1 W	TLE				Change Addition
NAME			2 2 NA	ME				
STREET ADDRESS			2.3.511	RÉELAD	DURESS			
CITY-S1-ZIP				Y 51-2	ZIP			
TITLE								Change Addition
NAME			3 2 NA					
STREET ADDRESS					ODRESS			
CITY - ST - ZIP TITLE		F10		IY-SI-Z	ZIP			Change Addition
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CITY-ST-ZIP				ry-SI-2			少少	
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NAME			62 NA	MΕ				
STREET ADDRESS			63SI	REET AU	UDRESS			
City-S1-ZiP			6 4 CH	Y 51-2	ZIF			

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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

279-52.60 Datana Prona #