

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000048678 (3)**

1. Corporation Name

**KEY LUNETTES, INC.**



Principal Place of Business

Mailing Address

7070 NW 50TH ST  
MIAMI FL 33166

7070 NW 50TH ST  
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 328 Crandon Blvd  
Suite, Apt. #, etc.

26 328 Crandon Blvd  
Suite, Apt. #, etc.

22 203-204  
City & State

27 203-204  
City & State

23 Key Biscayne FL  
Zip Country

28 Key Biscayne FL  
Zip Country

24 33149

25 USA

29 33149

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

NA

4. FEI Number

65-0590781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$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

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

83

84 City

FL

85 Zip Code

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, type or print name of registered agent and to whom applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REGE TURO, ROBERT C	
STREET ADDRESS	7070 NW 50TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	Assistant Sec.	<input type="checkbox"/> DELETE
NAME	Patricia Baldwin	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RegeTuro, Robert C	
1.3 STREET ADDRESS	328 Crandon Blvd. Suite 203-204	
1.4 CITY-ST-ZIP	Key Biscayne FL 33149	
2.1 TITLE	Assistant Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia Baldwin	
2.3 STREET ADDRESS	328 Crandon Blvd #203-204	
2.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia Baldwin 1-23-96 305 365-9980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)