

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056696 (4)

1. Corporation Name

LUCY 7 # 3, INC.

Principal Place of Business

18369 N.W. 27TH AVE.
MIAMI FL 33055

Mailing Address

18369 N.W. 27TH AVE.
MIAMI FL 33055



3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 18315 NW 7th Ave

2a. Mailing Address

26 18315 N.W. 7th Ave

4. FEI Number

65-0595331

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

Suite, Apt. #, etc.

22 Miami FL 33169

Suite, Apt. #, etc.

27 MIAMI FL-33169

City & State

23 MIAMI FL

City & State

28 MIAMI FL-33169

Zip

24 FL-33169

Country

25 DADE

Zip

29 33169

Country

30 DADE

9. Name and Address of Current Registered Agent

BANA, MOHDIGBAL H
18369 N.W. 27TH AVE.
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name

NOORALLAH RATNANI

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

18315 N.W. 27th Av.

83

84 City

MIAMI FL

FL

85 Zip Code

33169

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

MOHDIGBAL (NOORALLAH RATNANI)

07/13/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BANA, MOHD I	
STREET ADDRESS	18369 N.W. 27TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOMIN, RAJAB I	
STREET ADDRESS	18369 N.W. 27TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALI, SYED N	
STREET ADDRESS	18369 N.W. 27TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33055	
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

11 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	NOORALLAH RATNANI	
13 STREET ADDRESS	18315 N.W. 27th Av.	
14 CITY - ST - ZIP	MIAMI, FL-33169	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHDIGBAL (NOORALLAH RATNANI)

06/10/96 (305) 653-4305

CR2E034 (3/96)