FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000056696 (4)

LUCY 7 # 3. INC.

Mailing Address Principal Place of Business 18315 NW 7TH AVE. 18315 NW 7TH AVE. MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0595331 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name RATNANI, NOORALLAH 18315 NW 7TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169** 63 Zip Code 84 City 85 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 DATE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change ■ Addition TITLE ☐ DELETE 1.1 TITLE BANA, MOHD I 1.2 NAME NAME STREET ADDRESS 18369 N.W. 27TH AVENUE 1.3 STREET ADDRESS **MIAMI FL 33055** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE RATNANI, NORALLAH 2.2 NAME NAME 18315 NW 7TH AVE. 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** CITY - ST - ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME HAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZW Addition Change ☐ DELETE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 in an attachment with an address.

6.4 CITY - ST - ZIP

6.2 NAME **6.3 STREET ADDRESS**

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

305)653-4305

FILED

May 06 1998 8:00am

Secretary of State