PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004818

1. Corporation Name

LUCKY CAPITAL, INC.

Dringing! Place of Rusiness

Mailing Address

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90152 005 ***150.00



1550 BISCAYNE BLVD. STE 404 3550 BISCAYNE BLVD. STE 404 MIAMI FL 33137 MIAMI FL 33137		DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 01/12/1996			
2a. Mailing Address		4. FEI Number	. Applied For		
26		65-0637744	Not Applicable		
Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Co 29 30	untry	This corporation owes the current year Personal Property Tax.	Intangible Yes No		
rent Registered Agent		10. Name and Address of New Registere	d Agent		
	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
	83				
	84 City	F	85 Zip Code		
	MIAMI FL 33137 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Co 29 30	MIAMI FL 33137 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 ent Registered Agent 81 Name 82 Street Add 83	MIAMI FL 33137 DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 01/12/1996 4. FEI Number 65-0637744 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State 28 City & State 29 Country 29 30 Country 30 Ref Registered Agent 10. Name and Address of New Registere 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		

SIGNATURE	Signature, typed or printed name of registered agent and title if applica	able. (NOTE: Re	egistered Agent signature	equired when reinstating) DATE				
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	1.1 TITLE		Change	☐ Addition		
NAME	DULMAN, SIDNEY		1.2 NAME	_				
STREET ADDRESS	3550 BISCAYNE BLVD. STE 404		1.3 STREET ADDRESS			ļ		
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP					
TILE	\$	DELETE	2.1 TITLE		Change	☐ Addition		
NAME	SWAN, MARGOT R		2.2 NAME					
STREET ADDRESS	3550 BISCAYNE BLVD. STE 404		2.3 STREET ADDRESS		·			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP					
TITLE	VTO	DELETE	3.1 TITLE	المالي المالية والمراجع والمراجع المستعمل المستعمل المستعمل	Change	☐ Addition		
NAME	HOLLAND, BRIAN		3.2 NAME					
STREET ADDRESS	3550 BISCAYNE BLVD #404		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		Change	☐ Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
C/TY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DEFELE	5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREET ADDRESS			(
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME.			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS			İ		
CITY-ST-ZIP	•		64 CITY-ST-ZIP					

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 on an attachment with an address, with all other like empowered.

SIGNATURE: