

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

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**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000063890 (3)**

1. Corporation Name  
**LUNA RESTAURANT, INC.**



Principal Place of Business: 1 W FLAMINGO DR SUITE 404 PEMBROKE PINES FL 33027  
*1600 N Federal Hwy Boca Raton FL 33432*

Mailing Address: 1 W FLAMINGO DR SUITE 404 PEMBROKE PINES FL 33027-1718

3. Date Incorporated or Qualified: **07/20/1996**  
3a. Date of Last Report

2. Principal Place of Business: *1600 N. Federal Hwy*  
2a. Mailing Address: *1600 N Federal Hwy*

21. City & State: *BOCA RATON FL*  
22. Suite, Apt. #, etc.

23. City & State: *BOCA RATON FL*  
24. Zip: *33432*  
25. Country: *USA*

27. City & State: *BOCA RATON FL*  
28. Suite, Apt. #, etc.

29. Zip: *33432*  
30. Country: *USA*

4. FEI Number: **65-0683697**  
Applied For:  Not Applicable

6. 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

9. Name and Address of Current Registered Agent  
**LANZA, CARLO  
1-W FLAMINGO DR SUITE 404  
PEMBROKE-PINES-FL-33027**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LANZA, CARLO	1.1 TITLE	
NAME	LANZA, CARLO	1.2 NAME	
STREET ADDRESS	1-W FLAMINGO DR SUITE 404	1.3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE-PINES FL 33027	1.4 CITY- ST- ZIP	
TITLE	DV LANZA, CATHRYN	2.1 TITLE	
NAME	LANZA, CATHRYN	2.2 NAME	
STREET ADDRESS	1-W FLAMINGO DR SUITE 404	2.3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE-PINES FL 33027	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

PLEASE SIGN: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Carlo Lanza* 4/18/97  
Date: \_\_\_\_\_ Day/Time Phone #

CR2E034 (9/96)