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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000073161 (7)

LUCHON, INC.

Principal Place of Business

% FREDERIC M. BARTHE. ESQUIRE 2600 N MILITARY TRAIL. FOURTH FLOOR

Mailing Address

% FREDERIC M. BARTHE. ESQUIRE 2600 N MILITARY TRAIL. FOURTH FLOOR

FILED Apr 21 1997 8:00am Secretary of State



	1	BOCA RATON FL 33431-63	* 1 W				
				3. Date Incorporated or Qualified 09/04/1996	3a. Date of Last F	ate of Last Report	
2. Principal Place of		2a. Mailing Address	10-	4. FEI Number		oplied For	
21 /66-24-	KOYAL YOU WA	Suite, Apt. #, etc.	d Poingon	a 65-0695849		ot Applicable	
Suite, Apt. #, etc 22 City & State		27 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required \$5.00 May Be	
				6. Election Campaign Financing	\$5.00		
23 FT HWD	enong	28 67 -000	n ooks	Trust Fund Contribution		lo Fees	
21p FL	25 33336	29 FC	Country 30 31396	This corporation has liability for Florida Statutes	intangible tax under s Yes No	199.032,	
	ame and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent		
	REDERIC M		81 Name				
	ilitary trail		82 Street Add		ble)		
4TH FLOO			83	34 3450 MAR			
BUCA KAI	ON FL 33431		21	TE 400	'		
			84 City	TO DO CO. ALL	FL 85 70	Code	
44 Characterists the r	rouis one of Captions 607 050	2 and 607 1509 Florida Clabut	on the about comed con	poration submits this statement for the	· · · · · · · · · · · · · · · · · · ·	TO IS	
office or registere	ed agent, or both, in the State	of Florida, Such change was a	authorized by the corpora	tion's board of directors. I hereby acce	pt the appointment as	registered	
agent. Lani famili	ar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes			**	
SIGNATURE:	typed or printed name of registered age	at and title devoticable (NOT	E: Registered Agent signature requi	trad when rejectation)	DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
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or supplemental annual reports to the and accorded and making signature shall have the same legal effect as in flade triber of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is, open an attachment with an address. I am an officer or director of the corporation appears in Block 12 or Block 13 if change

SIGNATURE:

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR