PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mort

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P960008

1. Corporation Name

LUNA INTERNATIONAL CORPORATION P96000087883 (0)

FILED 97 OCT -3 PM 1:58

SECRETARY OF STATE

					TALLAHASSEE, FLURIDA			
Principal Place of Business	Mailing Address			-				
580 MASON AVENUE	580 MASON AVENUE							
DAYTONA BEACH FL 32117	DAYTONA BEACH FL	32117		- [
					DO NOT WRITE			
				3. Date Inco	orporated or Qualified 1996	3a. Date of La	ist Report	
2. Principal Place of Business	2a, Mailing Address			4. FEI Numb	oer -/ 3/1/		Applied For	
21	26			59	3406346		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificati	e of Status Desired		75 Additional e Required	
City & State	State City & State			•	Campaign Financing d Contribution		00 May Be ded to Fees	
-Zip Country	Zip	Country	/		oration owes or has pai			
24 25	29	30		Personal Property Tax due June 30. X Yes No				
9, Name and Address of Curre	ent Registered Agent			10. Name an	d Address of New Re	gistered Agent		
AHMED, ANIS		81	Name					
580 MASON AVENUE DAYJONA BEACH FL 32117		82	Street Addr	ess (P.O. Box N	umber is Not Acceptab	le)		
DATE 02.11		83	<u> </u>					
		84	City			. 85	Zip Code	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obliging	e of Florida. Such change was	authorized b	the corporati	oration submits ion's board of di	this statement for the pi rectors. I hereby accep	urpose of changing the appointment	ng its registered t as registered	
SIGNATURE	-							
Signature, typed or printed name of registered at	·		ent signatura require	ed when reinstating)		DATE		
<u></u>	ND DIRECTORS DELETE	13.		ADDITION	S/CHANGES TO OFFIC			
AULIED AND	T) DETER	1 1 TITLE				∟ Char		
EON MARONI AVENUE		1.2 NAME		F.	5000025 -10/07/	31399	E	
DAVTONA REACH EL 2011	,	1.3 STREET	}		-10/07/	97UIUSU	…cco σο }0Σι	
0111-3(*ZIr	DELETE	14 CITY - 5	T-ZIP			<u>Π.ΠΠ ***</u> □ Chan		
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NAME		2.2 NAME	1000000					
STREET ADDRESS		2.3 STREET	l l					
CITY-ST-ZIP	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP	····		☐ Chan	ige Addition	
TITLE A NAME		3.1 THE				L Onan	ião 🗂 vaditio)]	
STREET ADDRESS		3 3 STREET	ADDRESS				ļ	
CITY-ST-ZIP		3.4. CITY -	· 1					
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NAME		4. 2 NAME	i					
STREET ADDRESS		4 3 STREET	ADDRESS					
CITY-ST-ZIP		4.4 CITY - S	}					
TITLE	DELETE	5.1 TITLE	·			Chan	ge Addition	
NAME		5.2 NAME				/ Y		
STREET ADDRESS		5.3 STREET	ADORESS			$/ \Omega d$		
CITY-ST-ZIP		5.4 CITY-S	}					
THILE	DELETE	6.1 TITLE				(Z)Chan	ge Addition	
NAME		6.2 NAME				\ <u>\</u>		
STREET ADDRESS		6.3 STREET	ADDRESS					
CITY-ST-ZIP		64 CITY-S	- 1				Ī	

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 eath; 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 charged or on an attachment with an address.

SIGNATURE:

4-30-97 904-248-07-40