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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Kathorino Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000003179

1. Corporation Name
LUCKY 13 ENTERPRISES CORP.



400829781794

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
73 W. FLAGLER ST, RM 800 MIAMI, FL 33130

3. Date Incorporated or Qualified
01/13/1997

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZILBER, MARTIN
73 W. FLAGLER ST, RM 800
MIAMI, FL 33130

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ZILBER, MARTIN 73 W. FLAGLER ST, RM 800 MIAMI, FL 33130
NAME ZILBER, MARTIN
STREET ADDRESS 73 W. FLAGLER ST, RM 800
CITY-ST-ZIP MIAMI, FL 33130
TITLE D CICERONE, LOUIS 73 W. FLAGLER ST, RM 800 MIAMI, FL 33130
NAME CICERONE, LOUIS
STREET ADDRESS 73 W. FLAGLER ST, RM 800
CITY-ST-ZIP MIAMI, FL 33130
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 fee empowered.

SIGNATURE [Signature] DATE 1/16/99 DAYTIME PHONE 305 716 3553

CR2E034 (11/98)