

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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **PA7000054656**  
1. Corporation Name  
**LUVI ENTERPRISES, INC. D.B.A. NO COMPUTER INTEGRATION**

Principal Place of Business Mailing Address  
**11020 N. KENDALL DR. Suite # 200  
MIAMI, FLORIDA 33176**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
**JUNE 20, 1997**

2. Principal Place of Business	2a. Mailing Address
21 <b>11020 N. KENDALL DRIVE</b>	26 <b>11020 N. KENDALL DRIVE</b>
Suite, Apt. #, etc. 22 <b># 200</b>	Suite, Apt. #, etc. 27 <b># 200</b>
City & State 23 <b>MIAMI, FLORIDA</b>	City & State 28 <b>MIAMI, FLORIDA</b>
Zip 24 <b>33176</b>	Country 25 <b>USA</b>
	Zip 29 <b>33176</b>
	Country 30 <b>USA</b>

4. FEI Number <b>65-0762400</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>VICENTE GARCIA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11020 N. KENDALL DRIVE</b>
83 <b>SUITE 200</b>
84 City <b>MIAMI</b>
FL 85 Zip Code <b>33176</b>

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]* DATE: **3/31/98**

12. OFFICERS AND DIRECTORS

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME <b>LUCIANO FERNANDEZ</b>	
STREET ADDRESS <b>11020 N. KENDALL DRIVE # 200</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33176</b>	
TITLE <b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME <b>VICENTE GARCIA</b>	
STREET ADDRESS <b>11020 N. KENDALL DR. # 200</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33176</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME <b>VICENTE GARCIA</b>	
STREET ADDRESS <b>11020 N. KENDALL DR. # 200</b>	
CITY-ST-ZIP <b>MIAMI, FL. 33176</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*150.00

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.

SIGNATURE: *[Signature]* **VICENTE GARCIA** DATE: **3/31/98** TELEPHONE: **(305) 270-8811**

CR2E034 (10/97)