2000 UNIFORM BUSI	ME33 NEPUN	II (UBN)			88
DOCUMENT # P97000054656			FILED		
LUVI ENTERPRISES, INC.			00 SEP 29 AM I	I։ 2 և	
Principal Place of Business	Mailing Address				
11020 N KENDALL DRIVE SUITE 200 MIAMI FL 33176 US	11020 N KENDALL DRIVE SUITE 200 MIAMI FL 33177-1106 US		SECRETARY OF S TABLAHASSEE, FL	9191 90191 4 1191 41414 6 11 8 1 2 111	ia Pili laži
2. Principal Place of Business 15100 SW 149 Are	3. Mailing Address 13727 5 4 Suite, Apt. #, etc.	152 st	DO NOT WRITE	IN THIS SPACE	
Suite, Apt. #, etc.	# 330			I lann	olied For
City & State Miami, H	City & State Miami, F		4. FEI Number 65-0762400	Not	Applicable
33196 Country SA	33117	USA-	Certificate of Status Desired Name and Address of New Reg	\$8.75 Addit	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUCIONO Fernandez					
0.10 0.11 - 1			P.O. Box Number is Not Acceptable)		
- SUITE 200			sw 149 /	tre.	
-MIAMI FL 33176-	0	City M	iami	FL Zip Code	196
8. The above named entity submin this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE Signafre, typed or physion name of registered agent and title if applicable. (NOTE Pagistered Agent signature, equired when reinstailing) DATE DATE					
9. This corporation is eligible to satisfy its Intangible		FEE IS \$150.00	10. Election Campaign Fina	neina \$5.00	May Be
Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 2000 Make Check Payable	Fee will be \$550.00 to Department of Sta	Trust Fund Contribution	Added Added	to Fees
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFIC		IN 11
TITLE PD NAME FERNANDEZ, LUCIANO STREET ADDRESS 11020 N KENDALL DR, STE 200 CITY-ST-ZIP MIAMI FL 33176	□ Dēlēte	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	H2E034 (9/99
TITLE TSD NAME GARCIA, VICENTE STREET ADDRESS 11020 N KENDALL DR, STE 200 CITY-ST-ZIP MIAMI FL 33176	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000034 -10/12/0 ****550	300103201	
TITLE NAME	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change SP	Addition
13. 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 report or supplemental 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 the report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with All other like empowered. SIGNATURE: SIGNATURE BackNATURE AND TYPED OR PRHYDED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					