

6-4-98 B C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 23 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 # P97000061694 (0)
 1. Corporation Name
LUNA BAMBU, INC.



Principal Place of Business: **645 NE 77TH STREET UNIT 11 MIAMI FL 33138**
 Mailing Address: **645 NE 77TH STREET UNIT 11 MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **645 N.E. 77th st**
 22 Suite, Apt #, etc. **20**
 23 City & State **Miami Florida**
 24 Zip **33138** 25 Country **USA**

2a. Mailing Address
 26 **same**
 27 Suite, Apt #, etc.
 28 City & State
 29 Zip Country

3. Date Incorporated or Qualified **07/16/1997**

4. FEI Number **65-0769421**
 Applied For
 Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MOONS, MICHELE M
645 NE 77TH STREET
UNIT 11
MIAMI FL 33138

10. Name and Address of New Registered Agent
 81 Name **Michele Marie Moons**
 82 Street Address (P.O. Box Number is Not Acceptable) **645 N.E. 77th St. #20**
 83
 84 City **Miami** FL 85 Zip Code **33138**

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOONS, MICHELE M	
STREET ADDRESS	645 NE 77TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Michele M. Moons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	645 N.E. 77th St. #20	
1.3 STREET ADDRESS	Miami FL, 33138	
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		

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 _____ **Michele Marie Moons 6/1/98 305 757 4027**

CR2E034 (10/97)