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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078179

1. Corporation Name

ASTRALUNA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1756 NW 71ST AVE SUNRISE FL 33313	1756 NW 71ST AVE SUNRISE FL 33313

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90069 024 ***150.00



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Principal Place	of Business	Mailing Address				7		10061 19101 11011 1	EBIE IBII (BBI
1756 NW 71ST AVE 1756 NW 71ST AVE SUNRISE FL 33313 SUNRISE FL 33313					DO NOT WRITE IN THIS	S SPACE	Ţ.f.,		
		r					Date Incorporated or Qualifed 09/05/1997		
2. Principal Place of Business 2a. Mailing Address					El Number		plied For		
21		26				<u> </u>		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. (Certifcate of Status Desired	\$8.75 A Fee Re	1
City & State	е	City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 Added_t	
Zip 24	Country 25	Zip 3	Cou 0	ntry			This corporation owes the current year In Personal Property Tax.	ntangible Yes	No
•	9. Name and Address of Curre	ent Registered Agent				10.	Name and Address of New Registered	I Agent	
242	CED MELANIE			81	Name				,
PARKER, MELANIE 1756 NW 71ST AVE		82	Street Add	iress (P.	O. Box Number is Not Acceptable)				
	RISE FL 33313			83		_		, ,,	
				84	City			85 Zip C	Code
					•		FI	<u> </u>	
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was auti	horized	i by t	named con he corporat	poration tion's boa	submits this statement for the purpose of ard of directors. I hereby accept the appoint	intment as reg	gistered
SIGNATURE							nstating) DATE		
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: RIAND DIRECTORS	egistered 13.	Agent	signature requir		DDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	D	DELETE	1.1 TI	TLE			DDITIONAL PRINCES TO SET TO ENTO	☐ Change	Addition
NAME	PARKER, MELANIE		12 NA	ME					
STREET ADDRESS	1756 NW 71ST AVE		1.3 ST	REET /	ADDRESS				, i.
CITY-ST-ZIP	SUNRISE FL 33313		1.4 CI	TY-ST-	- ZIP			was 144 1	*
TITLE	D.	☐ DELETE	2.1 TF	TLE				☐ Change	Addition
NAME	PARKER, MICHAEL		2.2 NA	ME				7 : 62	e see
STREET ADDRESS	1756 NW 71ST AVE			REET	ADDRESS			100	551
CITY-ST-ZIP	SUNRISE FL 33313		-	ITY-ST	-ZIP	_		☐ Change	Addition
TITLE		☐ DELETE	3.1 Tr 3.2 NA					ondrigo	
NAME			1		ADDRESS				}
STREET ADDRESS CITY-ST-ZIP				ITY-ST					
TITLE		☐ DELÉTÉ	4.1 TI					Change	Addition
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STREET ADDRESS			4.3 ST	REET	ADDRESS				
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TITLE		☐ DELETE	5.1 TF					Change	☐ Addition
NAME			5.2 N/		ADDRESS				
STREET ADDRESS					ADDRESS				ĺ
CITY-ST-ZIP			5.4 CF	TY-ST-	-ZIP			☐ Change	Addition
`TIILE		☐ DELETE	ł					□ change	☐ Addition
NAME		· -	6.2 N		*DDDECC				
STREET ADDRESS			0.3 5	IKEE!	ADDRESS				1

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 like empowered.

SIGNATURE:

CITY-ST-ZIP