## 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 # P9800001123

1. Corporation Name

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90006 036 \*\*\*150.00

LUNATEK PRODUCTIONS, INC.										
Principal Place	e of Business	Mailing Address				-		101 11881 11818		
10425 N.W. 43RD TERRACE 10425 N.W. 43RD TERRACE										
MIAMI FL 33178 MIAMI FL 33178						DO NOT WOLL	- 151 71 110 6			
						DO NOT WRITE  3. Date Incorporated or Qualified	= IN 1HIS 3	SPACE		1
						01/06/1998				
• Principal P	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number		Ar	plied For	1
21	Idee of Business	26			4.		<del> </del>	t Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				On the Control of Control			Additional	1
22		27				5. Certificate of Status Desired		Fee Re	equired	}
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be	1=
23	<u> </u>	28				Trust Fund Contribution		Added	to Fees	4
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre			<b>-</b>	
24	25		10			Personal Property Tax.		☐ Yes	□No	-
	9. Name and Address of Current	Registered Agent	<u> </u>	04.		10. Name and Address of New Re	igistered A	gent		┨
EI EV	(ON, JOHN D JR.			81 (	Name					
10425 N.W. 43RD TERRACE			ļ.	82 Street Address (P.O. Box Number is Not Acceptable)					}	
	WI FL 33178		ļ.	02						1
IVIIA	411 ( E 3517 6			83						
			Ī	84	City		FL	85 Zip (	Code	
agent. ra	to the provisions of Sections 607.0502 registered agent, or both, in the State o um familiar with, and accept the obligati	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Florida	the aborized dia Statut	ove-r by the	named corpo e corporatio	ration submits this statement for the p n's board of directors. I hereby accept		hanging its tment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered A	Agent si	ignature required	when reinstating)	DATE			1 6
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	V	DELETE	1.1 TITL	E				☐ Change	Addition	3
NAME	SANCHEZ, HUMBERTO		1.2 NAN							3
STREET ADDRESS	1	• • • • • • • • • • • • • • • • • • • •		REETAL	DDRESS					L
CiTY-ST-ZIP	MIAMI FL 33178		1.4 CITY		ZIP			Change	Addition	6
TITLE	P	☐ DELETE	2.1 TITL					□ Crianage	L Addition	
NAME	FLEXON, JOHN D JR		2.2 NAA		ا ا					
STREET ADDRESS	10.120 10.10 10.10 10.10				DORESS					
CITY-ST-ZIP	MIAMI: Ft=33178	☐ DELETE	2:4 CIT 3.1 TITL	-	ZIP					<b>∤</b> ==
TITLE	S FIEVON INET			_	j		<del></del>	Change	☐ Addition	1
NAME	LESION, IVE							Change	Addition	
STREET ADDRESS	10495 N.W. 49DD TEDDACE	_ other	3.2 NAN	ME	nnoces		<del></del>	Change	Addition	
. CITY-ST-ZIP	10425 N.W. 43RD TERRACE	□ otterit	3.2 NAM 3.3 STR	ME REET AL	DDRESS	,		☐ Change	Addition	
] ""	10425 N.W. 43RD TERRACE MIAMI FL 33178		3.2 NAN 3.3 STR 3.4. CIT	ME REET AL Y-ST-2				☐ Change	☐ Addition	
NAME		☐ DELETE	3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL	ME REET AL Y-ST-Z LE		,				-
NAME STREET ADDRESS			3.2 NAN 3.3 STR 3.4, CIT 4.1 TITL 4.2 NAI	ME REET AL Y-ST-Z LE ME	ZIP	(				_
STREET ADDRESS			3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR	ME REET AL Y-ST-2 LE ME REET AL	DDRESS	· · · · · · · · · · · · · · · · · · ·				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33178	□ DELETE	3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAN 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAN	ME REET AL  REET AL	DDRESS DDRESS DDRESS	<u> </u>	-	☐ Change	☐ Addition	

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 employeed 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:

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