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

PROFIT CORPORATION ANNUAL REPORT ~~1998~~ 1999

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

99 MAR 23 AM 9:20
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030202

1. Corporation Name
GREEN LUCK CORP.

Principal Place of Business: 225 MIRACLE MILE, CORAL GABLES, FL 33134

Mailing Address: SAME

3. Date Incorporated or Qualified: 4/2/98

4. FEI Number: 65-0828222 — 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 is ... or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business | 2a. Mailing Address

21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

KAISERUL CHOWDHURY
5353 SW 11 ST.
PLANTATION, FL. 33317

10. Name and Address of New Registered Agent

81 Name: KAISERUL CHOWDHURY
82 Street Address (P.O. Box Number is Not Acceptable): 5353 SW 11 ST.
83
84 City: PLANTATION, FL. FL 85 Zip Code: 33317

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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: Kaiserul Hakka Chowd.

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12.		13.		
TITLE	P	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	CHOWDHURY, KAISERUL		1 NAME		
STREET ADDRESS	5353 SW 11 St.		1 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL. 33317		1 CITY-ST-ZIP		
TITLE		☐ DELETE	2 TITLE		
NAME			2 NAME		
STREET ADDRESS			2 STREET ADDRESS		
CITY-ST-ZIP			2 CITY-ST-ZIP		
TITLE		☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME			3 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			3 CITY-ST-ZIP		
TITLE		☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME			4 NAME		
STREET ADDRESS			4 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME			5 NAME		
STREET ADDRESS			5 STREET ADDRESS		
CITY-ST-ZIP			5 CITY-ST-ZIP		
TITLE		☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME			6 NAME		
STREET ADDRESS			6 STREET ADDRESS		
CITY-ST-ZIP			6 CITY-ST-ZIP		

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****150.00 ****150.00

TB. 3/29/99 99#2

CR2E034 (10/97)

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 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 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: Kaiserul Hakka Chowd. 02/19/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR