

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90004 016 ***150.00

DOCUMENT # P98000039789

1. Corporation Name
LUCA MIAMI, INC.

Principal Place of Business
**9700 COLLINS AVE.
BAL HARBOUR FL 33154**

Mailing Address
**9700 COLLINS AVE.
BAL HARBOUR FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

65-0849631

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 the current year
Intangible Personal Property.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **% LUCA ORLANDI**

Suite, Apt. #, etc.

27 **690 MADISON AVE**

City & State

28 **NEW YORK, NY**

Zip

29 **10021-7206**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SLOTKIN, ROBERT J
3326 NE 33RD STREET
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **ORLANDI, LUCA**
STREET ADDRESS **690 MADISON AVE.**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0057731

CR2E034 (5/99)

J.T. SHULMAN & COMPANY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

619645-90004-16
P98000039789

ONE OLD COUNTRY ROAD
CARLE PLACE, NEW YORK 11514
TEL: (516) 877-5900
FAX: (516) 877-5958

2020 PICO BOULEVARD
SANTA MONICA, CALIFORNIA 90405
TEL: (310) 450-2868
FAX: (310) 450-6787

September 3, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Luca Miami Inc.
Document # P98000039789
Annual Report

To Whom It May Concern:

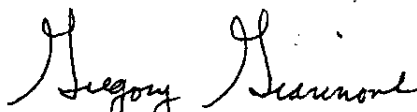
Enclosed please find the completed Profit Corporation Annual Report for 1999 for our client, Luca Miami, Inc. Payment of the annual fee of \$150.00 is also enclosed.

We respectfully request that the \$400.00 late fee be waived as this was our initial year of operation and we were unaware of this additional filing in the State of Florida. Additionally, the form was not received at our proper mailing address until after the due date of the return. Please note that the default mailing address has been changed to:

Luca Miami Inc.
c/o Luca Orlandi
690 Madison Avenue
New York, New York 10021-7206

Please send all future correspondence to the above New York address. Thank you for your attention to this matter.

Very truly yours,


Gregory Giannone, C.P.A.

GG:ad
Encls.
cc: Luca Miami Inc.