PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000051950

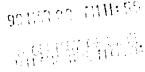
SANTA LUCIA INTERNATIONAL, INC.

Principal Place of Busines:	
275 COMMERCIAL BLVD.	
SUITE 275	
FT LAUDERDALE FL 33308	

Mailing Address

275 COMMERCIAL BLVD. SUITE 275







SUITE 275 FT LAUDERDALE FL 33308 SUITE 275 FT LAUDERDALE FL 33308		i		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifod 06/10/1998			
2. Principal Place of Business 21 2700 W. ATLANTIC BIND	2a. Mailing Address 26 2700 W. ATLA		tic RAD	4. FEI Number 65-0848P66		Applied For	
Suite, Apl. #, etc. 22 Suife ///	Suite, Apt. #, etc.	~ /	1000	5. Certificate of Status Desired		Not Applicable 3.75 Additional Fee Required	
City & State 23 PomPANO Och , FL	City & State 28 POMPANO Beh,	F	۷	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees	
24 33069 Country 25 05A		untry U	_	This corporation owes the current year in Personal Property Tax.	ntangibl Ye		
9. Name and Address of Curren	t Registered Agent	1_		10. Name and Address of New Registered	Agent	1	
LOVERA, SUSANINE M 275 COMMERCIAL BLVD. SUITE 275 FT LAUDERDALE FL 33308		82	Name Street Address	ss (P.O. Box Number is Not Acceptable)			
		83					
		84	City	Fl	85	Zip Code	
Pursuant to the provisions of Sections 607.050: office or registered agent, or both, in the State agent. I am familiar with, and accept the obligat SIGNATURE.	of Florida. Such change was authorized	d by	the corporation	ation submits this statement for the purpose of s board of directors. I hereby accept the appo	chang Intment	ing its registered as registered	

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE. Registered Agent signature required when	reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12
TITLE	VICE PRESIDENT DELETE	1.1 TIPLE		Change	Addition
NAME	LOVERA, SUSANNE M 2700 W. ATLANTIC BIVD Suite 111	12 NAME			
STREET ADDRESS	2700 W. ATIANTIC BIVD SUITE	1.3 STREET ADDRESS			
CITY-ST-ZIP	Pompono, But - FL 33069	1.4 CITY-51-20			
TITLE	PRESIDENT DELETE	21 TITLE		☐ Change	☐ Addition
NAME	MARIA A. LUQUE 2900 W. ATLANTIC Bloo. Suite 111	2.2 NAME			ļ
STREET ADDRESS	2700 W. ATLANTIC Bloo. Suite 111	2.3 STREET ADDRESS	•		
CITY-ST-ZIP	PONPANO BCA, FL 33069	2 4 C/TY-S1-2P			<u>·</u> J
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME	•	32 NAME			ſ
STREET ADDRESS		3 3 STREET ADDRESS			
CITY-ST-ZIP		34.CITY-ST-ZIP		· ·)
TITLE	□ oerete	41 TOLE		☐ Change	Addition
NAME]		4,2 NAME			į.
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		44 CITY- S1-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 SINEET ADDRESS			ļ
CITY-ST-ZIP		5.4 CiTY-SY-ZIP			
TITLE	DELETE	6.1 TITLE		(C) Change	☐ Addition
NAME	•	62 NAME		$\sim \alpha_{\rm b}$	6501
STREET ADDRESS		6.3 STREET ADDRESS		A 200) // ']

177-ST-ZP

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 eath; 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: SOMETHING NAME OF BLOWN OF OR DIRECTOR

Feb 03,1999 (954)971-2446

CR2E034 (11/98)