

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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90039 036 \*\*\*150.00

DOCUMENT # P98000066855

1. Corporation Name

LUSO, INC.

Principal Place of Business

111 N.E. 1ST STREET  
#900  
MIAMI FL 33132

Mailing Address

111 N.E. 1ST STREET  
#900  
MIAMI FL 33132

2. Principal Place of Business

21 733 NE 195 Street

Suite, Apt. #, etc.

City & State

23 Miami, FL

Zip

24 33179

Country

2a. Mailing Address

26 733 NE 195 Street

Suite, Apt. #, etc.

City & State

28 Miami, FL

Zip

29 33179

Country

30

9. Name and Address of Current Registered Agent

DE A. MOREIRA, LADISLAU  
111 N.E. 1ST STREET  
#900  
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1998

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

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

☐ DELETE

TITLE PD  
NAME MOREIRA, LADISLAU D  
STREET ADDRESS 111 N.E. 1ST STREET  
CITY-ST-ZIP MIAMI FL 33132

TITLE VD  
NAME MOREIRA, MARIA D  
STREET ADDRESS 111 N.E. 1ST STREET  
CITY-ST-ZIP MIAMI FL 33132

TITLE TD  
NAME MOREIRA, ANTONIO P  
STREET ADDRESS 111 N.E. 1ST STREET  
CITY-ST-ZIP MIAMI FL 33132

TITLE SD  
NAME FERREIRA, ANA R  
STREET ADDRESS 111 N.E. 1ST STREET  
CITY-ST-ZIP MIAMI FL 33132

TITLE SD  
NAME MOREIRA, LADISLAU D  
STREET ADDRESS 111 N.E. 1ST STREET  
CITY-ST-ZIP MIAMI FL 33132

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99 3056514357

Date

Daytime Phone #

019173

CR29034 (11/98)