PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

50 JON 19

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # PORODOGRADA

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90140 045 ***150.00

1. Corporation Name						
THE LUIGI GROUP, INC.						
				I IBAYLAAL IIR IRIBI STIIL ATIIK ARIIL ROKL ARIIA	71 3 3 (800 F1114) 11	EEE (II) (92)
						TAN FAMILIEN
Principal Place of Business Mailing Address				. I IPPRITEEL AFS LOUID SOUTH BOTH BOTH BOTH BOTH	E1901 / REDO MILIO II	190 pich (ADS
9761 S.W. 1471	TH STREET	9761 S.W. 147TH STREET				
MIAMI FL 33176 MIAMI FL 33176				OO MOT WEET IN THE	50405	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
	•			"		
2. Principal Place of Business 2a. Mailing Address				08/05/1998 4. FEI Number	Ann	ied For
	incipal Flace of Business 28			15-09/3324	" ``	Applicable
21 Suite Am	Apt. #, etc. Suite, Apt. #, etc.			+ 65-021.00-24	\$8.75 Ad	
22	27 -			5. Certificate of Status Desired	Fee Req	
City & Stat	te	City & State		8. Election Campaign Financing	\$5.00 N	lav Be
23] 28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year Int.	angible	_/
24	. 25	29	0	Personal Property Tax.		žívo į
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name						
Deld	34NO 1490 A		i			
PEIRANO, LUIS A			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
9761 S.W. 147TH STREET						
MIAMI FL 33176			83	•		•
•			84 City		85 Zip Co	de
. 4				<u> </u>	1 1 1 1 1 1 1	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was auti	, the above-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	cusuding its te	itered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes	•		_
SIGNATURE			egistered Agent signature requires	(when reinstation) DATE		<u> </u>
12.	0.550500			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TILE	PD	☐ DELETE	13.		Change	S IN 12
NAME	PEIRANO, LUIS A		100	IZANO LETZOIM		2
STREET ADDRESS			1/24	v (C) 1/J751		Š
CITY-ST-ZIP	MIAMI FL 33176		14 CTV-ST-ZIP	11341, FL 351/6-1032		§
TITLE	SVD	☐ OELETE	21 TITLE A	TERPHTIONAL MANAGER	Change	☐ Addition C
NAME	PEIRANO, LETZBIA		22 NAME PE	IRANO, LUIS A		J
STREET ADDRESS	A		21 STREET ADDRESS CO.	16 I Su) 147 ST		
- CITY-ST-ZIP	MIAMI FL 33176 -	-	2.4 CITY-ST-ZP	IAMI, FL 33176-7832		· - · ·
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	les de la		32 NAME	•		(
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP						
			3.4. CITY-SY-ZIP			
TITLE		☐ DELETE	3.4. CITY-SY-ZIP 4.1 TITLE		Change	☐ Addition
TITLE NAME		DELETE			Change	Addition
		DELETE	4.1 YITLE		Change	Addition
NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		·	
NAME STREET ADDRESS		□ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE			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	·	·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ OELETE	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	·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			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	·	·	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ OELETE	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		☐ Change	Addition

14. Thereby 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 emprowered 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: 🗘

ekbén puira abouired

305-2516780