

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

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S33199 (8)

1. Corporation Name
LUCKY 13 INVESTMENTS CORP.



Principal Place of Business: **11925 SW 128 STREET MIAMI FL 33186**

Mailing Address: **P.O. BOX 161859 MIAMI FL 33116-1859 US**

3. Date Incorporated or Qualified: **02/18/1991**

3a. Date of Last Report: **02/12/1996**

4. FEI Number: **65-0247686**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

JOANNOU, BEN
11925 SW 128TH STREET
MIAMI FL 33186

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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: _____ DATE: _____

Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE: DELETE

NAME: **JOANNOU, BEN JR**

STREET ADDRESS: **6401 S.W. 134 DRIVE**

CITY - ST - ZIP: **MIAMI FL 33156**

TITLE: DELETE

NAME: **MARGOLESKY, HARRIET J.**

STREET ADDRESS: **10600 SW 138 ST.**

CITY - ST - ZIP: **MIAMI FL**

TITLE: DELETE

NAME: **JOANNOU, CRYSTAL**

STREET ADDRESS: **1000 NW NORTH RIVER DR.**

CITY - ST - ZIP: **MIAMI FL**

TITLE: DELETE

NAME:

STREET ADDRESS:

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: **4201 Collins Ave #1101**

3.4 CITY - ST - ZIP: **Miami Beach, Fl. 33140**

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 do 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, changed, or on an attachment with an address.

SIGNATURE: *Ben Joannou* **1-21-97** **305-238-1866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)