FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53217** **(3)**

1. Corporation Name
LUNA'S U.S.A. INC.

Principal Place of Business	Mailing Address
7635 INTERNATIONAL DR ORLANDO FL 32819 US	7635 INTERNATIONAL DR ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1991
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21 5850 Lakehurst Drive
Suite, Apt. #, etc.
22 Suite 205
City & State
23 Orlando, FL
Zip 24 32819 Country 25 USA

2a. Mailing Address
26 5850 Lakehurst Drive
Suite, Apt. #, etc.
27 Suite 205
City & State
28 Orlando, FL
Zip 29 32819 Country 30 USA

4. FEI Number: 59-3062216 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACDANIEL JOHN M
ONE BISCAYNE TOEWER-SUITE 3780
2 BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Luiz Andrade
82 Street Address (P.O. Box Number is Not Acceptable): 5850 Lakehurst Dr # 205
83
84 City: Orlando FL 85 Zip Code: 32819

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: 4-21-95
Signature of new registered agent (if registered agent is to be changed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director ☒ Change ☐ Addition
NAME	ANDRADE, LUIS	1.2 NAME	Luis Andrade
STREET ADDRESS	2818 TOLWORTH AVE	1.3 STREET ADDRESS	14511 Quail Trail Circle
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D	2.1 TITLE	Director ☒ Change ☐ Addition
NAME	ANDRADE, DANIELA	2.2 NAME	Daniela Andrade
STREET ADDRESS	2818 TOLWORTH AVE	2.3 STREET ADDRESS	14511 Quail Trail Circle
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ X 4-21-95 X (407) 352-0100
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0061990 CP