

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG -7 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S97834 (3)

1. Corporation Name
LUCITA CORPORATION

Principal Place of Business Mailing Address
~~10847 NW 7TH STREET~~ ~~APARTMENT 24~~ ~~MIAMI FL 33172~~
~~10847 NW 7TH STREET~~ ~~APARTMENT 24~~ ~~MIAMI FL 33172~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1991		3a. Date of Last Report 07/28/1994	
4. FEI Number 65-0304114		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Corporation Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 12274 SW 17 LANE Suite, Apt. #, etc. 22 UNIT 108-W City & State 23 MIAMI FL Zip 24 33175	2a. Mailing Address 26 12274 SW 17 LANE Suite, Apt. #, etc. 27 UNIT 108-W City & State 28 MIAMI FL Zip 29 33175	Country 25 DADE	Country 30 DADE
---	--	---------------------------	---------------------------

9. Name and Address of Current Registered Agent
RAMOS, NORA
~~10847 NW 7TH STREET~~
~~APARTMENT 24~~
~~MIAMI FL 33172~~

10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) 12274 SW 17 LANE Unit 108-W B3 B4 City MIAMI FL B5 Zip Code 33175
--

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 (Date) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE IN TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD RAMOS, NORA 10847 NW 7TH STREET #24 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 12274 SW 17 LANE Unit 108-W MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: Nora Ramos **7-25-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Printed)

CR2E034 (3/95)