

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 FEB -5 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33741

(2)

1. Corporation Name

LUMECO MANAGEMENT, INC.



Principal Place of Business

11422 SW 3RD STREET
MIAMI FL 33174
US

Mailing Address

11422 SW 3RD ST
MIAMI FL 33174
US

3. Date Incorporated or Qualified
05/04/1992

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0348390

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

10. Name and Address of New Registered Agent

MELENDEZ, STAVROULA
10011 SW 4TH ST.
MIAMI FL 33174

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MENDEZ, STAVROULA
STREET ADDRESS 10011 SW 4TH ST.
CITY-STATE-ZIP MIAMI FL

1.1 TITLE S
1.2 NAME MENDEZ, STAVROULA
1.3 STREET ADDRESS 10011 S.W. 4TH Street
1.4 CITY-STATE-ZIP MIAMI, FL. 33174

TITLE T
NAME MENDEZ, LUIS
STREET ADDRESS 10011 SW 4TH ST.
CITY-STATE-ZIP MIAMI FL

2.1 TITLE P
2.2 NAME MENDEZ, LUIS
2.3 STREET ADDRESS 10011 SW 4th Street
2.4 CITY-STATE-ZIP MIAMI, FLA, 33174

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE V
3.2 NAME MENDEZ, LUIS Michael
3.3 STREET ADDRESS 710 S.W. 114th Ave, B6
3.4 CITY-STATE-ZIP MIAMI, FL. 33174

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE J
4.2 NAME MENDEZ, LAZARO E.
4.3 STREET ADDRESS 710 S.W. 114th Ave, B1
4.4 CITY-STATE-ZIP MIAMI, FL. 33174

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 400001705364
5.4 CITY-STATE-ZIP -02/06/96--01113--007
****208.75 ****208.75

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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: Stavroula Menendez, Secretary

1-24-96 (305) 229-0063

CR2E034 (12/95)