

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V48407** (3)

1. Corporation Name

LUCIANN & K CORP.



Principal Place of Business

**7000 S.W. 62ND AVE.
MIAMI FL 33143**

Mailing Address

**7000 S.W. 62ND AVE.
MIAMI FL 33143**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**MOREL, LUCIANO
7000 SW 62ND AVE.
MIAMI FL 33143**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as officer or registered agent, or both, in the State of Florida, such change was authorized by the board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and true legal name

(NOTE: Registered agent must be a resident of Florida)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MOREL, LUCIANO**
STREET ADDRESS **7000 SW 62ND AVE.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. Date Incorporated or Qualified
06/29/1992

3a. Date of Last Report
04/19/1995

4. FEI Number
65-0349847

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I, the undersigned, as officer or registered agent, or both, in the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I hereby accept the appointment as registered agent. I am

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or liquidator of the corporation; that the information indicated on this annual report or supplemental annual report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Luciano Morel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/96 (305) 661-8248
Typed Name

CR2E034 (12/95)