

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

**FILED**

**May 27 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 # V63474 (3)**

1. Corporation Name  
**LUVIX, INC.**



Principal Place of Business: **2004 SHEFFIELD AVE. MARCO ISLAND FL 34146**  
 Mailing Address: **P O BOX 863 MARCO ISLAND FL 34146-0863**

3. Date Incorporated or Qualified: **09/10/1992**  
 3a. Date of Last Report: **08/27/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0364345</b>	Applied For Not Applicable
21 Suite, Apt #, etc	26 Suite, Apt #, etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

**9. Name and Address of Current Registered Agent**

**SACO, JOSE M.**  
**545 NW GOLDEN GATE BLVD.**  
**NAPLES FL 33964**

**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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACO, JOSE M</b>	1.2 NAME	
STREET ADDRESS	<b>2004 SHEFFIELD AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARCO ISLAND FL 34146</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACO, YVETTE L</b>	2.2 NAME	
STREET ADDRESS	<b>2004 SHEFFIELD AVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARCO ISLAND FL 34146</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACO, Luis M</b>	3.2 NAME	
STREET ADDRESS	<b>2004 Sheffield Ave</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Marco Island, FL 34145</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* Secretary Date: **4/26/97** Daytime Phone: **941-389-2134**

CR2E034 (9/96)