PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 554171

1. Corporation Name

LUMINAIRE, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90062 021 ***150.00



Principal Place	of Rusiness	Mailing Address			
Principal Place of Business Mailing Address 7300 SW 45TH ST 7300 SW 45TH ST					
MIAMI FL 33155 MIAMI FL 33155					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 10/12/1977
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1779022 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired — \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	This corporation owes the current year Intangible
24	25	29 30	Ì		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent	_+_		10. Name and Address of New Registered Agent
KVG	CAMALI NACID		8	1 Name	
KASSAMALI,NASIR 7300 SW 45TH STREET				2 Street A	Address (P.O. Box Number is Not Acceptable)
MIAN	11 FL 33155		8	3	•
			8	4 City	FL 85 Zip Code
11. Pursuant to office or reagent. I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	2 and 607.1508, Florida Statutes, of Florida. Such change was authoritions of, Section 607.0505, Florida	the aborized b	ye-named only the corpores.	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ager		13.	ent signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AN	ID DIRECTORS	1.1 TITLE	: Т	Change Addition
TITLE	KASSAMALI,NASIR		1.2 NAME		
NAME	7300 SW 45TH STREET			ET ADDRESS	
STREET ADDRESS	MIAMI FL				
CITY-ST-ZIP	V	☐ DELETE	1.4 CITY		☐ Change ☐ Addition
TITLE	KASSAMALI,NARGIS N.		22 NAM	1	
NAME	7300 SW 45TH STREET			EET ADDRESS	
STREET ADDRESS	MIAMI FL		2.3 STAC		المن مسيون الله المستداد المسيداد المسيدين المسيدين المسيد
C/TY-ST-ZIP TITLE	ST	□ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KASSAMALI,NARGIS N.		3.2 NAM	l	
STREET ADDRESS	7300 SW 45TH STREET			ET ADDRESS	
	MIAMI FL		3.4. CITY		:
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	ì	. 1
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	-ST-ZtP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAM	E	
STREET ADDRESS		ļ	5.3 STRE	ETADORESS	}
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STRE	ET ADDRESS	·
CITY ST 7ID		,	6.4 CITY	-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR