

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 DEC -3 PM 2:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P95000097678 AMENDED**  
 1. Corporation Name

**LUMINA PROPERTIES, INC.**

Principal Place of Business: **905 Brickell Bay Drive Tower II, Ste 1226 Miami, Florida 33131**  
 Mailing Address: **c/o Peninsula Registered Agents, Inc. 200 S. Biscayne Blvd #4874 Miami, Florida 33131**

3. Date Incorporated or Qualified: **12/27/95** 3a. Date of Last Report: **7/8/97**  
 4. FTT Number: **65-0670574** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing:  **\$5.00** May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**  
 City & State: **23** City & State: **28**  
 Zip: **24** Country: **25** Zip: **29** Country: **30**

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

**Atrium Registered Agents, Inc. 1500 San Remo Avenue, Ste. 125 Coral Gables, Florida 33146**

**10. Name and Address of New Registered Agent**

81 Name: **Peninsula Registered Agents, Inc.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **200 S. Biscayne Blvd. #4874**  
 83 City: **Miami** FL 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *Debra Kirschner* **Peninsula Registered Agents, Inc.** DATE: **11/19/97**

**12. ADDITIONS/CHANGE S TO OFFICERS AND DIRECTORS IN 12**

TITLE	D/P/V/S/T <input checked="" type="checkbox"/> DELETE
NAME	Caballero, Ana E.
STREET ADDRESS	905 S. Bayshore Dr., T-II
CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGE S TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Facusse, Miguel Mauricio
1.3 STREET ADDRESS	905 Brickell Bay Dr., T-II
1.4 CITY-ST-ZIP	Miami, FL 33131
2.1 TITLE	VP/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Facusse, Orietta
2.3 STREET ADDRESS	905 Brickell Bay Drive, T-II
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*12-3-97*

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **Nov 26, 1997** 305-358-8760

CR2E034 (9/96)