


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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90210 047 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000000266

1. Corporation Name  
**LUMEN TECHNOLOGIES, INC.**



Principal Place of Business: 16301 SW 145TH COURT MIAMI FL 33177  
 Mailing Address: 16301 SW 145TH COURT MIAMI FL 33177

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/02/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0715127	
City & State		City & State		5. Certificate of Status Desired... <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALONZO, KAY 16301 SW 145TH COURT MIAMI FL 33177				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONZO, KAY	1.2 NAME	ALONZO, KAY
STREET ADDRESS	16301 SW 145TH COURT	1.3 STREET ADDRESS	16301 SW 145 COURT
CITY-ST-ZIP	MIAMI FL 33177	1.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONZO, A	2.2 NAME	ALONZO, ALICIA
STREET ADDRESS	16301 SW 145 CT	2.3 STREET ADDRESS	16301 SW 145 COURT
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONZO, A	3.2 NAME	ALONZO, ANDREW
STREET ADDRESS	19800 SW 110 CT, 104	3.3 STREET ADDRESS	16301 SW 145 COURT
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALONZO, A	4.2 NAME	ALONZO, ANTHONY
STREET ADDRESS	16301 SW 145 CT	4.3 STREET ADDRESS	21959 SW 124 PL
CITY-ST-ZIP	MIAMI FL 33177	4.4 CITY-ST-ZIP	MIAMI FL 33170
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ALONZO, AARON
STREET ADDRESS		5.3 STREET ADDRESS	16301 SW 145 COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33177
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 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: KAY ALONZO **SIGNATURE REQUIRED** 4/6/99 (305)378 4504  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)