

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000103551 (2)
 1. Corporation Name
LUXOR DISTRIBUTORS & CONSULTANTS, INC.



Principal Place of Business 216 POINCIANA ISLAND DRIVE N. MIAMI BEACH FL 33160	Mailing Address 216 POINCIANA ISLAND DRIVE N. MIAMI BEACH FL 33160
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9821 N.W. 80 AVE Suite, Apt. #, etc. 22 SD City & State 23 HIALEAH GARDENS FL Zip 24 33016	2a. Mailing Address 26 9821 N.W. 80 AVE Suite, Apt. #, etc. 27 SD City & State 28 HIALEAH GARDENS, FL. Zip 29 33016	Country 25 U.S.A.	Country 30 U.S.A.
---	--	----------------------	----------------------

3. Date Incorporated or Qualified 12/09/1997	4. FEI Number 05-0800170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 HERNANDEZ, AMY
 4000 WEST 11 LANE
 HIALEAH FL 33012

10. Name and Address of New Registered Agent
 81 Name
 GRACIELA KAMINSKY
 82 Street Address (P.O. Box Number is Not Acceptable)
 216 POINCIANA ISLAND DR
 83
 84 City
 N. Miami Beach FL
 85 Zip Code
 33160

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: *[Signature]* GRACIELA KAMINSKY, Pres. 7/17/98
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAMINSKY, GRACIELA	
STREET ADDRESS	216 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAMINSKY, NORBERTO	
STREET ADDRESS	216 POINCIANA ISLAND DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
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/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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.

SIGNATURE: *[Signature]* 7/17/98 205 827 7322

CR2E034 (5/98)