


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90226 016 ***150.00

CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
1. Corporation Name S13143 LUMINAR INTERNATIONAL CORP.		DOCUMENT # S13143 (0)

Mailing Address 175 NW 1 AVE 11TH FLOOR MIAMI FL 33128-1835	Principal Place of Business 175 NW 1 AVE 11TH FLOOR MIAMI FL 33128-1835
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1990	3a. Date of Last Report 05/01/1993
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2. Mailing Address 21 2827 BANYAN BLVD CIRCLE NW	2a. Principal Place of Business 26 2827 BANYAN BLVD CIRCLE NW		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 City & State BOCA RATON, FLORIDA	28 City & State BOCA RATON, FLORIDA		
24 Zip 33431	25 Country U.S.A.	29 Zip 33431	30 Country U.S.A.

4. FEI Number 65-0227509	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FRIEDHOFF, JOHN H.
 175 NW 1ST AVE
 11TH FLOOR
 MIAMI FL 33127-1817

10. Name and Address of New Registered Agent

81 Name JOSE M. REIGOSA, C.P.A.	
82 Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79th AVENUE	
83 SUITE #567	
84 City MIAMI	85 Zip Code FL 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *Jose Reigosa* DATE 4/30/99

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE D	1.2 NAME DE ALBUQUERQUE, C.B.	1.3 STREET ADDRESS 175 NW 1ST AVE 11TH FL	1.4 CITY-ST-ZIP MIAMI FL
2.1 TITLE A/S	2.2 NAME FRIEDHOFF, JOHN	2.3 STREET ADDRESS 175 NW 1ST AVE 11TH FL	2.4 CITY-ST-ZIP MIAMI FL
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS 2827 BANYAN BLVD. CIR NW	1.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33431
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *C.B. Albuquerque* *C.B. Albuquerque* 4/30/99 561-995-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #