

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

8-6-98 B 8167 C

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26074 (7)

1. Corporation Name

LIGHT UP MIAMI, INC.



Principal Place of Business

Mailing Address

C/O CARLOS BATISTA
413 BRICKELL AVE., APT. 2-A
MIAMI FL

C/O CARLOS BATISTA
413 BRICKELL AVE., APT. 2-A
MIAMI FL

3. Date Incorporated or Qualified

04/25/1988

4. FEI Number

65-0072143

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 915 N. 1st AVE

26 915 N. 1st AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 L-106

27 L-106

City & State

City & State

23 MIAMI FL.

28 MIAMI FL.

Zip

Country

Zip

Country

24 33132

25 DADE

29 33132

30 DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BATISTA, CARLOS ☐ DELETE
STREET ADDRESS 413 BRICKELL AVE. APT 2-A
CITY-ST-ZIP MIAMI FL

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME BATISTA, CARLOS
1.3 STREET ADDRESS 413 BRICKELL AVE. APT 2-A
1.4 CITY-ST-ZIP MIAMI FL 33132

TITLE VD
NAME ALVARINO, DIXON ☐ DELETE
STREET ADDRESS 420 LINCOLN ROAD #309
CITY-ST-ZIP MIAMI BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME HARRIS, JEFFREY ☐ DELETE
STREET ADDRESS 2412 SW 18TH AVE.
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME JOHNSON, HENRY ☐ DELETE
STREET ADDRESS 330 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CARLOS BATISTA 7/28/98 (305) 375-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)