

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000097678

**Entity Name:** LUMINA PROPERTIES, INC.

**Current Principal Place of Business:**

905 BRICKELL BAY DRIVE  
TOWER 2, SUITE 1226  
MIAMI, FL 33131

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC2127406153**

**Current Mailing Address:**

355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-0670574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT CORPORATE SERVICES, INC.  
355 ALHAMBRA CIRCLE  
SUITE 801  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name MAURICIO FACUSSE, MIGUEL  
Address 905 BRICKELL BAY DRIVE, T-II, SUITE 1226  
City-State-Zip: MIAMI FL 33131

Title VP  
Name FACUSSE, LORENA  
Address 905 BRICKELL BAY DRIVE, TOWER II, #1226  
City-State-Zip: MIAMI FL 33131

Title S  
Name RIVERA, MARIA A  
Address 905 BRICKELL BAY DRIVE, TOWER II, #1226  
City-State-Zip: MIAMI FL 33131

Title O  
Name OLIVARES, PATRICIA  
Address 905 BRICKELL BAY DRIVE, TOWER II, #1226  
City-State-Zip: MIAMI FL 33131

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA OLIVARES

**OFICIAL**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date