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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 440773

(0) LUMILITE INDUSTRIES, INC. Principal Place of Business Mailing Address 5713 S.W. 81 ST P O BOX 431095 P O BOX 431095 SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143-8207 3a. Date of Last Report 3. Date Incorporated or Qualified 12/31/1973 04/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1524142 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KAUFMAN, RICHARD 5713 S.W. 81ST ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 RA City Zip Code 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, typed or people range of registered agent and title. Lappinsable (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. PD DELETE Change Addition 1.1 TITLE Tille KAUFMAN, RICHARD NAME 1.2 NAME 5713 S.W. 81ST ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL. 0 1.4 CITY - ST - ZIP CITY-SI-7P STD DELETE Change Addition TITLE 2.1 TITLE KAUFMAN, DORIS 2.2 NAME NAME 5713 S.W. 81ST ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI, FL. 0 CITY-\$1-ZiP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 C(TY - \$T - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do 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 hustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jan 16 1997 8:00am

Secretary of State