

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 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 # 457889 (4)

1. Corporation Name
CATALINA LIGHTING, INC.



Principal Place of Business 18191 NW 68 AVENUE MIAMI FL 33015	Mailing Address 18191 NW 68 AVENUE MIAMI FL 33015
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 09/12/1974	
4. FEI Number 59-1548266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JANET P. AILSTOCK, ESQ.
18191 N.W. 68TH AVE.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LATIMER HENRY	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURROW, RYAN	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACHS, ROBERT	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BLUTH, THOMAS M	
STREET ADDRESS	18191 N.W. 68TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOKOLOW, LEONARD	
STREET ADDRESS	18191 N.W. 68TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Hersh	
1.3 STREET ADDRESS	18191 NW 68th Ave.	
1.4 CITY-ST-ZIP	Miami, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rappaport, Dean	
2.3 STREET ADDRESS	18191 N.W. 68th Ave	
2.4 CITY-ST-ZIP	Miami, FL	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stewart, William D.	
3.3 STREET ADDRESS	18191 N.W. 68th Ave.	
3.4 CITY-ST-ZIP	Miami, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeffrey Silverman	
4.3 STREET ADDRESS	18191 N.W. 68th Ave	
4.4 CITY-ST-ZIP	Miami, FL	
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 _____ DATE **1/15/98**

CR2E034 (10/97)