

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/12/1974	
4. FEI Number 59-1548266		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	
7. 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 FL 85 Zip Code			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LATIMER HENRY			1.2 NAME	Robert Hersh		
STREET ADDRESS	18191 N.W. 68TH AVE.			1.3 STREET ADDRESS	18191 NW 68th Ave.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURROW, RYAN			2.2 NAME	Rappaport, Dean		
STREET ADDRESS	18191 N.W. 68TH AVE.			2.3 STREET ADDRESS	18191 N.W. 68th Ave		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WACHS, ROBERT			3.2 NAME	Stewart, William D.		
STREET ADDRESS	18191 N.W. 68TH AVE.			3.3 STREET ADDRESS	18191 N.W. 68th Ave.		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Miami, FL		
TITLE	VST	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLUTH, THOMAS M			4.2 NAME	Jeffrey Silverman		
STREET ADDRESS	18191 N.W. 68TH AVE.			4.3 STREET ADDRESS	18191 N.W. 68th Ave		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Miami, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOKOLOW, LEONARD			5.2 NAME			
STREET ADDRESS	18191 N.W. 68TH AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 _____ (205) 550-1777

CR2E034 (10/97)