

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 457889

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**

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90066 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/12/1974

4. FEI Number
59-1548266

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 printed name of registered agent and title if applicable.

(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 checked="" 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	PCD	<input type="checkbox"/> DELETE
NAME	HERSH, ROBERT	
STREET ADDRESS	18191 NW 68TH AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SILVERMAN, JEFFREY	
1.3 STREET ADDRESS	18191 N.W. 68th Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33015	
2.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAPPAPORT, DEAN	
2.3 STREET ADDRESS	18191 N.W. 68th Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33015	
3.1 TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEWART, WILLIAM D.	
3.3 STREET ADDRESS	18191 N.W. 68th Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33015	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SASNETT, DAVID	
4.3 STREET ADDRESS	18191 N.W. 68th Avenue	
4.4 CITY-ST-ZIP	Miami, FL 33015	
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, with all other like empowered.

SIGNATURE: Thomas M. Bluth, Sr. 1/7/99 305-558-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

01322/3