PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am **Secretary of State Katherine Harris**

03-05-1999 90009 009 ***150.00

LITE CORPORATION Mailing Address Principal Place of Business 701 BRICKELL AVE STE 1300 701 BRICKELL AVE STE 1300 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/14/1977 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1734093 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required. 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zio X Yes 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DOMB.SIDNEY Street Address (P.O. Box Number is Not Acceptable) 82 701 BRICKELL AVE STE 1300 83 **SUITE 1050 MIAMI FL 33131** Zip Code 85 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE 1.2 NAME NAME DOMB.SIDNEY 1.3 STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE 1.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TIFLE 2.2 NAME BERLINER, GEORGE NAME 2.3 STREET ADDRESS STREET ADORESS 701 BRICKELL AVE 2.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME BERLINER.LILLIAN NAME 3.3 STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE 3.4. CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition DELETE 41 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 TILE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREFT ADDRESS STREET ADDRÉSS 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:

2/18/99 305-318-77/1 Date. Daytime Phone #

CR2E034 (11/98)