

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F61964** (5)  
1. Corporation Name  
**NORTH MIAMI LAMP MANUFACTURING CORPORATION**

Principal Place of Business

C/O THERESA DIEZ  
6309 N.E. 1ST PLACE #2  
MIAMI FL 33138

Mailing Address

C/O THERESA DIEZ  
6309 N.E. 1ST PLACE #2  
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/27/1982</b>                                                                                                         | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-2157607</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

|                                                                             |
|-----------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent                             |
| <b>DIEZ, THERESA</b><br><b>6309 NE 1ST PL NO 2</b><br><b>MIAMI FL 33138</b> |

|                                                        |
|--------------------------------------------------------|
| 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIEZ, THERESA      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1330 NE 137 STREET | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | N MIAMI FL         | 1.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | D                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PONTILLO, CARMEN   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5040 SW 95TH AVE   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | MIAMI, FL 00000    | 2.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      | D                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIEZ, MANUEL       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1330 NE 137 STREET | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              | N MIAMI FL         | 3.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                    | 4.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY- ST- ZIP              |                    | 5.4 CITY- ST- ZIP                                     |                                                                   |
| TITLE                      |                    | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Theresa Diez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 325-756-6414  
Date Daytime Phone