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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

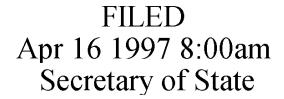
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G22830

(5)

PEGO LIGHTING, INC.





Principal Place of Business		Mailing Address	Mailing Address			f 1881tif darm sinra illite forde sente matt bilder biner ment arber arber arter sant			
P.O. BOX 44-00		P.O. BOX 44-0009							
MIAMI FL 33144	4-7009	MIAMI FL 33144-0009							
					3. Date Incorporated or Qualified	L Go Date	of Last R	oport	
					02/03/1983	04/1	3/1996	apon	
	lace of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26	·		59-2752508	,:· <u></u>		ot Applicable	
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27	·					equired	
City & State	e	City & State			6. Election Campaign Financing		\$5.00		
23	L	<b>28</b>	Cou	ntry	Trust Fund Contribution		Added		
Zip	Country	1	—	nuy	This corporation has liability for Florida Statutes	r intangible to		. 199.032,	
24	25 S. Name and Address of Curr	29	[30]		10. Name and Address of New I				
DCD	EZ, JUAN REINALDO	ent neglisteten Affett		81 Name	IO, Hattle Blid Address of New I	iogisteren A	gens		
	' S.W. 8TH STREET			- Hamo	· · · · · · · · · · · · · · · · · · ·				
				82 Street Add	dress (P.O. Box Number is Not Accept	abie)			
MIAN	AI FL 33134			83					
				03					
ĺ			ĺ	84 City			85 Zip	Code	
	A 18 A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					<u>FL</u>	<u> </u>		
11. Pursuant to office or re	to the provisions of Sections 607.0! egistered agent, or both, in the Sta	502 and 607,1508, Florida St te of Florida, Such change w	atutes, the at as authorized	ove-named cor d by the corpora	rporation submits this statement for the	purpose of o	hanging it intment as	s registered registered	
agent. La	m familiar with, and accept the obli	igations of, Section 607.0505	, Florida Stat	utes.	ation's board of directors. I hereby acc				
SIGNATURE								1	
f	Stignature, typoid or printed name of registered a	agent and title if applicable.  ND DIRECTORS		Agent signature requ	uired when reinstating)	DATE	DIDECTOR	NO IN 10	
12. 10tf	PD	DELETE	13.	) E	ADDITIONS/CHANGES TO OF		Change	Addition	
	PEREZ, JUAN REINALDO	Land Decerte		1			- Onange	Macilion	
NAME	5407 S.W. 8TH STREET		1.2 NA	į.					
STREET ADDRESS	MIAMI FL			REET ADORESS					
City+ST+7IP TIFLE	STD	DELETE	1.4 CI 2.1 Til	IY-ST-ZIP		···	Change	Addition	
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NAME	5407 S.W. 8TH STREET		2.2 NA						
STREET ADDRESS	MIAMI FL			REET ADDRESS					
CHY-SI-ZIP	MINIMI I C	DELETE		TY-ST-ZIP	***************************************		Change	Addition	
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NAME			3.2 NA		•				
STREET ADDRESS				REET ADDRESS					
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THEF		F1 nerete	4.1 10	1			Change	Addition	
NAME:			4.2 N						
STREET ADDRESS				REET ADDRESS					
CITY - SI - ZiP		DOLLTO		IY-ST-ZIP			Channe	Byldising.	
TITLE		☐ DELETE	51 Ti			L	Change	Addition	
NAME			52 N	J					
STREET ADDRESS				REET ADDRESS	•				
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TITLE		☐ DELETE	6.1 Ti			ι	Change	Addition	
NAME			6.2 N/						
STREET ADDRESS			6.3 ST	REET ADDRESS	. •				
CHY-ST-ZIP			6.4 CI	TY-\$7-ZIP					

14. I do 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 appear attachment with an address.

SIGNATURE AND TYPED OR PRINTED

Daytime Phone #