

**FILE NOW:** after May 1, will be \$588.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sara B. Mortham  
DIVISION OF CORPORATIONS

**FILING FEE**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

\$203.75

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #L95000000160**

LUMINIS, L.C.  
641 MCCAFFREY  
ST-LAURENT QC CANADA H4T 1N3

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1a. Principal Place of Business Address

641 MCCAFFREY  
ST-LAURENT QC CANADA H4T 1N3

3. Date Organized or Qualified

3a. State of Formation

02/28/1995

FL

4. FEI Number

65-0570702  
APPLIED FOR

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/11/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

WOLFE, RICHARD C  
BEDZOW, KORN & KAN, P.A.  
20803 BISCAYNE BLVD, SUITE 200  
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

200002112452-2  
-03/13/97--01056--002

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE \*\*\*\*203.75 \*\*\*\*203.75

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	COHEN, NICHOLAS	3242 LEON BRISEBOIS, THE B	QUEBEC, CANADA H9C 1T
MGR	COHEN, ANNABEL	3 VERMONT, ILE BIZARD	QUEBEC, CANADA H9C 1A
MGR	BARRETTE, PATRICK	3 VERMONT, ILE BIZARD	QUEBEC, CANADA H9C 1A
MGR	COHEN, AIAIN	3242 LEON BRISEBOIS, ILE V	QUEBEC, CANADA H9C 1T
MGR	HART, MICHAEL	15645 CONLINS AVE #505	MIAMI BEACH FL
PLEASE CANCEL THIS NAME.			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Feb. 6. 97 514-7331210