File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1a. Principal Place of Business Address

**4219 MELALEUCA LANE** 

LAKEWORTH FL 33461

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address
 of Limited Liability Company

**DOCUMENT #** L97000000142

MEGA LIGHTING, L.L.C. **4219 MELALEUCA LANE** LAKEWORTH FL 33461

MEJIA, GERMAN D

98 MAY - 1 PM 12: 19

LAKEWORTH FL

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\*\*\*\*188.75 \*\*\*\*188.7S

| 2. Principal Place of Business                                   |         |              | 2a. Ma                       | 2a. Mailing Address                     |                                  | 3. Date Organized or Qualified  | 3a. State of Formation           |  |
|--|---------|--------------|------------------------------|---|----------------------------------|---|----------------------------------|--|
| Suite, Apt. #. etc.  |         |              | Sulta                        | Sulte, Apt. #, etc.                     |                                  | 02/04/1997  | FL                               |  |
| ound, Apr. W. Sto.   |         |              | Jano, 7                      | , |                                  | 4. FEI Number   | Applied For                      |  |
| City & State   |         |              | City &                       | City & State                            |                                  | 65-0723911  | Not Applicable                   |  |
| <b>Z</b> ip  | Country |              | Žip                          |   | Country                          | 5. Date of Last Report  | 6. Certificate of Status Desired |  |
|  |         |              |                              |   |                                  |   | 58 75 Additional Fee Required    |  |
| 7. Name and Address of Current Registered Agent                  |         |              |                              |   |                                  | 8. Name and Address of New Registered Agent/Office  |                                  |  |
| GAJZENBERG, RICARDO<br>4219 MELALEUCA LANE<br>LAKEWORTH FL 33461 |         |              |                              |   | Street Address                   | Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code |                                  |  |
| its register   |         | stered agent | , or both, in the State of F |   |                                  | ed liability company submits this sta<br>native vote of a majority of the membe             |                                  |  |
| SIGNATU  | RE      | (Registered  | Agent Accepting Appointment) | (NOTE: Registered Agent                 | signature required when reinstal |   |                                  |  |
| 10. Title  |         |              |                              | lusiness Street Addres                  |                                  |   |                                  |  |
| D GAJZENBERG, RICARDO 4235 MELALI                                |         |              |                              |   | LALEUCA LA                       | ANE LAKEW   | ORTH FL                          |  |

4219 MELALEUCA LANE

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.

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