SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M69182 (7)

1. Corporation Name
LUMAR, INC.

Principal Place of Business
8315 NW 64 ST. #7
MIAMI FL 33166

Mailing Address
8315 NW 64 ST. #7
MIAMI FL 33166

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 10/13/1994

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — 24 — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — 29 — 30

4. FEI Number: 65-0031178 — Applied For — Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. [illegible] ☐ — $5.00 May Be Added to Fees
8. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DEL HIERRO, LUIS
18158 NW 61 CT
MIAMI FL 33015

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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: [illegible] Registered Agent [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PD	DEL HIERRO, LUIS	6775 N.W. 169 ST.	MIAMI LAKES FL
STD	URIBE P., MARGARITA	6775 N.W. 169 ST.	MIAMI LAKES FL

13.

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Add
		18158 NW 61 CT	MIAMI FL. 33015	☐	☐

14. I hereby certify that the information supplied with this filing is validly furnished and 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 other person or fiduciary 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 is listed in Block 14 with an address.

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OFFICER OR DIRECTOR

JUNE 15 /95 — Date
(305) 477-5071 — Daytime Phone

CR2E034 (3/95)

0067600 CP