


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001522 (8)**

1. Corporation Name

LUZ INC.



Principal Place of Business 2071 S.E. BOWIE STREET PORT SAINT LUCIE FL 34952	Mailing Address 2071 S.E. BOWIE STREET PORT SAINT LUCIE FL 34952
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3. Date Incorporated or Qualified
03/19/1997

4. FEI Number
65-0746745

Applied For
Not Applicable

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MILANO, NICHOLAS
2071 S.E. BOWIE STREET
PORT SAINT LUCIE FL 34952**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	LUZ SANTOS
STREET ADDRESS		1.3 STREET ADDRESS	2071 SE Bowie St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Port Saint Lucie FL 34952
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Treasurer/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Nicholas Milano
STREET ADDRESS		2.3 STREET ADDRESS	2071 SE Bowie St
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Port St. Lucie FL 34952
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Estuardo Amperez
STREET ADDRESS		3.3 STREET ADDRESS	2071 SE Bowie St
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port St. Lucie FL 34952
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicholas Milano* 4/28/98 561 398-1386

CR2E037 (10/97)