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

**CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000010288 (8)

ILUMINA FILM'S, INC.

**FILED** Apr 16 1997 8:00am Secretary of State



Principal Place 2600 BISCAYI #500 MIAMI FL 331 US		2800 B/SC 500	MIAMI FL 33137-4529				3. Date Incorporated or Qualified 3a. Date of Last Report				
]							12/07/1992	_	06/06/19	196	
2. Principal I	Place of Business	2s. Mailing	g Address				4. FEI Number			Ap	plied For
21		26					65-0373826			No'	t Applicable
Suile, Apt	#, etc.	27	Apt #, etc.				5. Certificate of Status Desire	ed 🗆		.75 A	dditional quired
City & Sta	ite	Cily & <b>28</b>	State				Election Campaign Finance     Trust Fund Contribution	ing 🔲			May Be o Fees
Zip	Country	Zip		Cour	itry		8. This corporation has liabil	ity for intan	gible tax ur	ider s.	199.032,
24	25	29		30			Florida Statutes		□ No		
<b></b>		of Current Registered A	gent		1		10. Name and Address of N	ew Registe	red Agent		
	LAEZ, GEORGE			] '	61	Name					
	5 HIBISCUS DR.			ļ,	62	Street Addi	ress (P.O. Box Number is Not Ac	ceptable)			
MI/	AMI BEACH FL 33139			L				,			
				]	83						
				- }	84	City			B5	Zip (	ode.
				ľ		City			FL	z.p c	,0GE
SIGNATURE 12.	Signature Typed or printed name of it	registered agent and title if applications	no (NC	TE: Registered	Agen	ıl siğnature requi	red when reinstalling) ADDITIONS/CHANGES TO		TE AND DIRE	CTOR	S IN 12
TITLE	D₽		DELETE	1.1 1111	E				CI		Addition
NAME	PELAEZ, GEORGE			1.2 NA	ME	-					
STREET ADDRESS	285 HIBISCUS DR.			1.3 \$75	REET A	NDDRESS .					
CITY-SI-ZIP	MIAMI BEACH FL 331	39		14 01	y-st	-ZIP	•				
TITLE			DELETE	2.1 T/T		-E:			CI	nange	Addition
NAME				2.2 NAJ	ME						
STREET ADDRESS				2.3 STF	REET A	ADORESS					
CITY-ST-ZIP				2.400	IV-ST	T-ZIP					
TITLE		** - **	DELETE	3.1 TIT	_			<del></del>	C	hange	Addition
NAME				3.2 NA	ME						
STREET ADDRESS	,			3.3 ST	REETA	ADDRESS					
CITY-S1-7IP				3.4 CI	TY-S1	T-2IP					
THIE			DELETE	4.1 TIT	LE				C	nange	Addition
NAIME				4. 2 NA	ME						
STREFT ADDRESS				43 STF	AEET A	address					
CITY-ST-7P				44 01		- 1					
THE			DELETE	51 TIT				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C	nange	Addition
NAME	}			5.2 NA	ME	1					
STREET ADORESS	s			5.3 \$79	IEET /	ADDRESS .					
CITY-ST-ZIP				5.4 CIT							
THLE			DELETE	61717					c	nange	Addition
NAME				6.2 NA	ME						
STREET ADDRESS	; }			6.3 ST	REET #	ADDRESS					
City S1-7IP				6.4 CIT	Y-ST	ZIP	4				

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0187669