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FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000053096 (2)

1. Corporation Name
LUMAN, INC.

Principal Place of Business

1855 W 62 ST
UNIT 119
HIALEAH FL 33012

Mailing Address

1855 W 62 ST
UNIT 119
HIALEAH FL 33012-6002



3. Date Incorporated or Qualified
07/29/1993

3a. Date of Last Report
08/06/1996

4. FEI Number

65-0425778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 19800 NW 86 Ct

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33015

Country

2a. Mailing Address

26 19800 NW 86 Ct

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33015

Country

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS M
1855 W 62 ST
UNIT 119
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

Rodriguez, Luis M

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

19800 NW 86 Ct.

83

84 City

Miami

FL

85 Zip Code

33015

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 this 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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D RODRIGUEZ, LUIS M
STREET ADDRESS
1855 W 62 ST UNIT 119
CITY - ST - ZIP
HIALEAH FL 33012

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D, P

1.2 NAME

Rodriguez, Luis M

1.3 STREET ADDRESS

19800 NW 86 Ct

1.4 CITY - ST - ZIP

Miami, FL 33015

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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

Date

Daytime Phone #

CP2E034 (9/96)