

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000057289 (8)

1. Corporation Name

LIGHT IRIS MANAGEMENT, INC.

APPROVED
95 MAY - 1 PM 2:37

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business

15600 N.W. 67 AVE., STE. 105
MIAMI LAKES FL 33014-2175

Mailing Address

15600 N.W. 67 AVE., STE. 105
MIAMI LAKES FL 33014-2175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

4. FBI Number

65-0512040

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. 199.037,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CASTILLO, SIXTA
15600 N.W. 67 AVE., STE. 105
MIAMI LAKES FL 33014-2175

10. Name and Address of New Registered Agent

81. Name

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

6600 COW PEN RD. STE 310

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

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

D
CASTILLO, SIXTA
6913 SEAGRAPE TERRACE
MIAMI LAKES FL 33014

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

12.8

NAME

STREET ADDRESS

CITY, ST, ZIP

12.9

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

6600 COW PEN RD STE 310

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13.5

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☐ Change ☐ Addition

13.6

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☐ Change ☐ Addition

13.9

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that this information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(b), Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report as true and accurate and that the signature shall have the same legal effect as if made under oath. 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 or is included on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIXTA CASTILLO

3/31/95 (305) 820-9100