

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

APPROVED  
AND  
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97 APR 30 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000007144 (5)

1. Corporation Name  
LUMIAR CORP.

Principal Place of Business  
2300 CORAL WAY  
MIAMI FL 33145

Mailing Address  
2300 CORAL WAY  
MIAMI FL 33145-3511



3. Date Incorporated or Qualified  
01/27/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 2300 CORAL WAY

2a. Mailing Address  
25 2300 CORAL WAY

4. FEI Number  
65-0551079

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 # 200

Suite, Apt. #, etc.  
27 # 200

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

City & State  
23 MIAMI FLORIDA

City & State  
28 MIAMI FLORIDA

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

Zip Country  
24 Country

Zip Country  
29 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.  
2300 CORAL WAY  
#200  
MIAMI FL 33145

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 of 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, typed or printed name of registered agent, and title if applicable

AMADA CANTERA LOPEZ, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GALINDO, LUIS M  
STREET ADDRESS 6280 SW 28TH STREET  
CITY- ST- ZIP MIAMI FL 33155

1.1 TITLE PD ☐ Change ☐ Addition  
1.2 NAME PEREZ, ARTURO  
1.3 STREET ADDRESS 4141 SW 97TH PLACE  
1.4 CITY- ST- ZIP MIAMI FL 33165

TITLE STD ☐ DELETE  
NAME PEREZ, ARTURO  
STREET ADDRESS 4141 SW 97TH PLACE  
CITY- ST- ZIP MIAMI FL 33165

2.1 TITLE STD ☐ Change ☐ Addition  
2.2 NAME GALINDO, ESTHER  
2.3 STREET ADDRESS 6280 SW 28TH STREET  
2.4 CITY- ST- ZIP MIAMI FL 33155

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME 800002162998-7  
3.3 STREET ADDRESS -05/02/97-01047-021  
3.4 CITY- ST- ZIP \*\*\*165.00 \*\*\*165.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
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: Esther Galindo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ESTHER GALINDO - SEC. TREASURER

Date

Daytime Phone #

CR2E034 (9/96)