

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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  
#200  
MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY  
#200  
MIAMI FL 33145**

**FILED**

**98 MAR 16 PM 12:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/27/1995**

4. FEI Number

**65-0551079**

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

2. Principal Place of Business

**21 2300 CORAL WAY**

Suite, Apt. #, etc.

**22 SUITE # 200**

City & State

**23 MIAMI, FLORIDA**

Zip

**24 33145**

Country

**25 US**

2a. Mailing Address

**26 2300 CORAL WAY**

Suite, Apt. #, etc.

**27 SUITE # 200**

City & State

**28 MIAMI, FLORIDA**

Zip

**29 33145**

Country

**30 US**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 person named in 9. Name and Address of Current Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**AMADA CANTERA LOPEZ - PRES.**

**3/10/98**

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE  
NAME **STD GALINDO, ESTHER**  
STREET ADDRESS **6280 SW 28TH STREET**  
CITY-ST-ZIP **MIAMI FL 33155**

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 ☐ Change ☐ Addition  
1.2 NAME **P/T/D/ GALINDO ESTHER**  
1.3 STREET ADDRESS **6280 S.W. 28TH STREET**  
1.4 CITY-ST-ZIP **MIAMI FLORIDA 33155**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **D/S/PEREZ ARTURO**  
2.3 STREET ADDRESS **4141 S.W. 97TH PLACE**  
2.4 CITY-ST-ZIP **MIAMI FLORIDA 33165**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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**

**3/10/98**

CR2E034 (10/97)