

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000018370 (3)**  
1. Corporation Name  
**NORTHERN LIGHT, INC.**



Principal Place of Business <b>4144 NW 90TH AVE #102 CORAL SPRINGS FL 33065</b>	Mailing Address <b>4144 NW 90TH AVE #102 CORAL SPRINGS FL 33065</b>
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2. Principal Place of Business 21 <b>4221 W. Ocean Blvd</b>	2a. Mailing Address 26 <b>4271 NW 89th AVE.</b>	3. Date Incorporated or Qualified <b>03/06/1995</b>	3a. Date of Last Report
22 Suite, Apt #, etc	27 Suite, Apt #, etc <b>202</b>	4. FEI Number <b>65-0565411</b>	Applied For Not Applicable
23 City & State <b>Ft. Lauderdale</b>	28 City & State <b>Coral Springs</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>33308</b>	25 Country <b>Broward</b>	29 Zip <b>33065</b>	30 Country <b>Broward</b>
9. Name and Address of Current Registered Agent <b>MOURE, ELENA 1850 SW 8TH ST SUITE 401 MIAMI FL 33135</b>		10. Name and Address of New Registered Agent	

	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	<b>FL</b> 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 \_\_\_\_\_ (Print Name of Registered Agent and FEI Number, if applicable) (Print Registered Agent Signature (required when resigning)) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <b>SORENSEN, SOFIA B</b>	1.1 TITLE	V.P. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8960 NW 11TH ST</b>	1.2 NAME	<b>4271 NW 89th Ave. #202</b>
STREET ADDRESS	<b>PEMBROKE PINES FL 33024</b>	1.3 STREET ADDRESS	<b>CORAL SPRINGS FL 33065</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	B <b>CANETE, LUCIO</b>	2.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8960 NW 11TH ST</b>	2.2 NAME	<b>4144 NW 90th Ave #102</b>
STREET ADDRESS	<b>PEMBROKE PINES FL 33024</b>	2.3 STREET ADDRESS	<b>CORAL SPRINGS FL 33065</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:  **SOFIA B. SORENSEN** 6/19/96 (919) 630-0202  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)