My Iste 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000092-269 1. Entity Name FILED Luiteonic Corporation 02 MAY 21 AN 11: 18 SEGRETARY OF STATE TALLAHASSEB, FLORIDA 5200 SW 8th Street, Suite \$ 120 Coral Gables, Fl. 33134. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0635062 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Socas, wis G. Street Address (P.O. Box Number is Not Acceptable) 5200 SW 84 STREET, STE-\$170 Coral Gables, A. 33134 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. *Q G* TITLE ☐ Delete ППE ☐ Change ☐ Addition SOCAS, Luis Gr. STEEF, STE #120 NAME 700005754097--6 STREET ADDRESS STREET ADDRESS -06/11/02--01095--010 CITY-ST-ZIP 636les Fl. 33134 CITY-ST-ZIP Coral 🖪 ****300,00 ****300.00 TITLE ☐ Change ☐ Addition NAME socas, Javier A. NAME STREET ADDRESS 5200 SW 84 STREET, STE# (20) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 201,25-AR ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 10.00-ARARTS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 88.75 - ARSUP Delete TITI F ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition HALIF NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Ficrida Statutes. I further certify that the information indicated on this report of supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURL.

STREET ADDRESS

CITY-ST-ZIP

Duo

4/200 35-443-0188

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May 1, 2002

FL. DEPARTMENT OF STATE ANNUAL REPORT

-TO WHOM-IT-MAY-CONCERN:----

AS PER OUR CONVERSATION BY PHONE PLEASE CHECK YOUR RECORDS AND BE ADVICE THAT MY CORPORATION: LUITRONIC CORPORATION
DOCUMENT #P95000092269

NEVER RECEIVED THE ANNUAL REPORT FOR THE YEAR 2001. PLEASE ACCEPT OUR PAYMENT OF \$150.00 AND KINDLY WAIVE ANY PENALTY DUE TO THE FACT THAT WE NEVER RECEIVED SUCH PAPERS.

ALSO, FIND ENCLOSED THE 2002 ANNUAL REPORT.

SINCERELY,

LUIS G. SOCAS