Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90200 044 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000037156

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

THE SFEKER OF THE LIGHT, INC.

Principal Place of Business Mailing Address					r 1981/1984 til ratio sitti abiti satti abiti satti adita atti 1689 tissu attia atti 7691
445 ESPANOLA WAY 536 LINCOLN RD					
MIAMI BEACH FL 33139  MIAMI BEACH FL 33139 US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/26/1996
2. Principal P	Principal Place of Business     2a. Mailing Address				4. FEI Number Applied For
21	26 445 Espanola V			ay.	65-0662698 Not Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional
22					Fee Required
City & State				<u></u> .	6. Election Campaign Financing \$5.00 May Be
23	28 Miani Beach			<u>, + L</u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible  Personal Property Tax
24	25	29 33139 31	<u>n 4</u>	SA	Total target in the second sec
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
LAW OFFICES OF RENE' SOTORRIO, PA				Ivalle	·
1001 S. BAYSHORE DRIVE			82	Street	Address (P.O. Box Number is Not Acceptable)
STE 2706			02		
MIAMI FL 33131			83		·
MIAMI PL 55151			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.					
	m tamiliar with, and accept the congati	JIS OI, Section dor.0000, Florida	a Glatotea	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R)	egistered Age	nt signature r	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Addition
NAME	MOLINI, DENISE G		1.2 NAME		
STREET ADDRESS	6340 S.W 104TH ST 135T		1.3 STREE	FADDRESS	801 North Venetian Drive # 706
CITY-ST-ZIP			1.4 CITY-S		Miami Beach FL 33139
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	TADORESS	
CITY-ST-ZIP			2.4 CITY-5		
TITLE			3.1 TITLE	-	☐ Change ☐ Addition
NAME			32 NAME		•
STREET ADDRESS	İ		L	T ADDRESS	
CITY-ST-ZIP			3 4. CITY-5		
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		,
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 CITY- S		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS				T ADDRESS	
			5.4 CITY-S		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
			E		

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 or Block 13 or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: