

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000043406 (3)**

1. Corporation Name

BERLANI LIGHTING PROMOTIONS, INC.



Principal Place of Business

100 SE SECOND STREET
SUITE 4000
MIAMI FL 33131

Mailing Address

100 SE SECOND STREET
SUITE 4000
MIAMI FL 33131-2148

3. Date Incorporated or Qualified

05/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 **C/O HUGHES HUBBARD & REED**

Suite, Apt. #, etc.
22 **201 South Biscayne Blvd. SUITE 2500**

City & State
23 **MIAMI FL**

Zip Country
24 **33131 U.S.A.**

2a. Mailing Address

26 **C/O HUGHES HUBBARD & REED**

Suite, Apt. #, etc.
27 **201 South Biscayne Blvd. SUITE 2500**

City & State
28 **MIAMI FL**

Zip Country
29 **33131 U.S.A.**

4. FEI Number

☒ 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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DADY, ROBERT E. ESQUIRE
100 SE SECOND STREET
SUITE 4000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD
83
84 City **PLANTATION** FL 85 Zip Code **33324**

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 obligation of, Section 607.050, Florida Statutes.

SIGNATURE

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT TO SECRETARY

40297

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **BERLANI, DENISE**
STREET ADDRESS **100 SE SECOND STREET, SUITE 4000**
CITY-ST-ZIP **MIAMI FL 33131**

☒ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT, DIRECTOR**
1.2 NAME **LUCIANO BERLANI**
1.3 STREET ADDRESS **C/O HUGHES HUBBARD & REED LLP**
1.4 CITY-ST-ZIP **33131**
201 S. BISCAYNE BLVD SUITE 2500, MIAMI, FL

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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:

Luciano Berlan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luciano Berlan

4/15/97

(305) 358-1666

Date

Daytime Phone #

CR2E034 (9/96)