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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000101802 (2)

FILED Feb 03 1998 8:00am Secretary of State

LUMA HOLDINGS LIMITED INC.				
Principal Place of Business Mailing Address				
430 POINCIANA ISLAND DRIVE 430 POINCIANA ISLAND DRIVE				
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160		DO NOT WRITE IN TH	IC CDACE	
			3- Date Incorporated or Qualified	IS SPACE
			12/16/1996	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0723213	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
9. Name and Address of C		30	Personal Property Tax due Jurie 30. 10. Name and Address of New Registere	Yes No
RODRIGUEZ, MARIA D		81 Name	The transfer of the troughter	- Agent
424 POINCIANA ISLAND DRIVI	=	82 Street Addr	(MO Day Market in Market III)	
MIAMI BEACH FL 33160	-	1 43 O	ess (90. Box Number is Not Acceptable)	d DI.
		83		
		84 City		85 Zip Code
11 Pursuant to the problem of the state 60	7 0504 And 507 1509 Florido Statuto	KILOS	mi Beach F	L 23//
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, of 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.				
	obligations of, Section 607.0505, Flo	rida Statutes.	1/20	190
		Registered Agent signature require	ed when reinstating) DATE	// 0
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
D DODDIOUSZ MARIA B	/ \ LI DELETE	1.1 TITLE		Change Addition
NAME RODRIGUEZ, MARIA D STREET ADDRESS 424 POINCIANA ISLAND DRIVE		1.2 NAME	20 Principa teland	′2υ.
STREET ADDRESS 424 POINCIANA ISLAND CITY-ST-ZIP MIAMI BEACH FL 33160	DAIVE	1.3 STREET ADDRESS	wons Beach A 331	60
THE D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	monn peccent, re 33.	Change
NAME ROCHA, LUIS		2.2 NAME	- 0	ya onango
STREET ADDRESS 424 POINCIANA ISLAND	DRIVE	2.3 STREET ADDRESS 4.3	30 Paincion Island 110mi Beach, A 331 30 Pain ciona Island 110mi Beach, FC 33	\mathcal{D}_{2} .
CITY-ST-ZIP MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP	11 smi Beach, FC 33,	160
TITLE	☐ DELETE	***************************************		Change Addition
NAME ANDERS ADDRESS		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	*	Change Addition
NAME		4, 2 NAME		C Outside C Vanithii
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY - ST - ZIP		
TITLE	C DELETE	6.1 TITLE		L Change L Addition
NAME STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP	j	6.3 STREET ADDRESS		
14. I hereby certify that the information supply indicated on this annual report or supply	ed with his filing does not qualify for	6.4 CITY-ST-ZIP the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further of	pertify that the information
indicated on this annual report or surpolers	Tental abnual report is true and accu-	rate and that my signature	e shall have the same legal effect as if made it	inder nath: that I am an

indicated on this annual report or surplied remains unity does not coally for the exemption stated in Section 1 19.07(5)(f), Florida Statutes. If further certify that the information indicated on this annual report or surplied remains unity does not a contract 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 receipt 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 of an attachment with an address.

SIGNATURE:

1/20/98 (30x)362-1022