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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90088 041 \*\*\*158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000101802

LUMA HOLDINGS LIMITED INC.

Principal Plac	ce of Business	Mailing Address			-	ION BOION HOEF ION	ORMO INDVIEDR
430 POINCIANA ISLAND DRIVE 430 POINCIANA ISLAND DR		IVE					
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160							
					DO NOT WRITE IN T	HIS SPACE	
•					3. Date Incorporated or Qualifed 12/16/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	I An	plied For
21		26			65-0723213		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			. /	\$8.75 A	- ' '
22		27			5. Certifcate of Status Desired	Fee Re	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23	<u> </u>	28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	9. Name and Address of Current		30		Personal Property Tax.		J⊿No
	5. Name and Address of Curren		81	Name	10. Name and Address of New Register	ea Agent	
ROE	DRIGUEZ, MARIA D						
430	POINCIANA ISLAND DR		82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
MIA	MI BEACH FL 33160		83			11111111	
	$\alpha / \alpha$						. 4 4
	///		84	City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-r	named corpor	ration submits this statement for the purpose	of changing its	registered
oπice or r agent. I a	registered agent, or both, in the state t im familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	horized by th da Statutes.	e corporation	i's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE	( H 1/1/10 18x0						
	Signature, types or known of regis fred agent			ignature required v			
12.	OFFICERS ANI	D DIRECTORS	13.	ignature required v	ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS ANI		13. 1.1 TITLE	ignature required v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12. TIYLE NAME	OFFICERS AND RODRIGUEZ; MARIA D	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	·	ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME STREET ADDRESS	OFFICERS AND RODRIGUEZ, MARIA D 430 POINCIANA ISLAND DR	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AL	DDRESS	ADDITIONS/CHANGES TO OFFICERS		
12. TIYLE NAME	OFFICERS AND RODRIGUEZ; MARIA D	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	DDRESS	ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AND  RODRIGUEZ, MARIA D  430 POINCIANA ISLAND DR  MIAMI BEACH FL 33160  D	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AG 1.4 CITY- ST-Z	DDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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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 of the receiver or trustee ampowered 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date