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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000266 (1)

Principal Place of Business	Mailing Address
16301 SW 145TH COURT	16301 SW 145TH COURT
MIAMI FL 33177	MIAMI FL 33177

FILED May 07 1998 8:00am Secretary of State

LUMEN TECHNOLOGIES, INC. DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/02/1997 FEI Number 65-07/5/27 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip ZiD Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALONZO, KAY 16301 SW 145TH COURT Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33177 8 84 City 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. House registered apply and title if applicable Way SIGNATURE Signature, typed or pr 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE D 1.1 TITLE ALONZO, KAY NAME 1.2 NAME 16301 SW 145TH COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33177** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE ALONZO, ANTHONY 2.2 NAME NAME STREET ADDRESS 21959 SW 124 PL 2.3 STREET ADDRESS **MIAMI FL 33170** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change X Addition TITLE 3.1 TITLE ALONZO, ALICIA 16301 SW 145# COURT NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS m 1Am1 FL 33177 CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME AARON, ALONZO, AARON 19800 SW 110 COURT #104 STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 33157 CITY-ST-7IP 4.4 CITY-ST-ZIP **X** Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME ALONZO, ANDREW 16301 SW 145 COURT STREET ADDRESS **5.3 STREET ADDRESS** miami FL 33177 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 suppliemental 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, of on an attachment with an address.

SIGNATURE:

ALONZO

CRZE034