


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000041154 (0)

1. Corporation Name

LUMIVENT USA, INC.

Principal Place of Business

2519 MCMULLEN BOOTH RD. SUITE 510-133
CLEARWATER FL 34621

Mailing Address

2519 MCMULLEN BOOTH RD. SUITE 510-133
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

59-3441438

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 7100 123 RD. CIRCLE NORTH

25 7100 123 RD CIRCLE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27 SUITE 300

City & State

City & State

23 LARGO, FL.

28 LARGO, FL.

Zip

Country

Zip

Country

24 33773

25 USA

29 33773

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, MICHAEL J
2519 MCMULLEN BOOTH RD, SUITE 510-133
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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.

SIGNATURE

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	<input type="checkbox"/> DELETE
NAME	WOLFE, MICHAEL J	
STREET ADDRESS	2408 NAVAREZ AVE	
CITY - ST - ZIP	SAFETY HARBOR FL 34695	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEHNER, FERNANDO	
STREET ADDRESS	CALLE 14A #107-40 CIUDAD JARDIN	
CITY - ST - ZIP	CALI, COLUMBIA	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOYOS, JAVIER	
STREET ADDRESS	CALLE 4, #37-10 APARTAMENTO 102-SANTA ROSA	
CITY - ST - ZIP	CALI, COLUMBIA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RONALD J. WOLFE	
STREET ADDRESS	1414 DELORE DR.	
CITY - ST - ZIP	RUSKIN, FL 33570-4101	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOSE GUILLERMO OTOYA	
STREET ADDRESS	CALLE 4 37-10, APTO. 902	
CITY - ST - ZIP	CALI, COLOMBIA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

Michael J. Wolfe **WOLFE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 1998
Date

813-538-2222
Daytime Phone # 0399650

CR2E034 (10/97)