


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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90098 003 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000041154					
1. Corporation Name LUMIVENT USA, INC.					
Principal Place of Business 7100 123RD CIRCLE NORTH STE 300 LARGO FL 33773 US			Mailing Address 7100 123RD CIRCLE NORTH STE 300 LARGO FL 33773 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3441438	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
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 checked="" type="checkbox"/> DELETE			
NAME	LEHNER, FERNANDO				
STREET ADDRESS	CALLE 14A #107-40 CIUDAD JARDIN				
CITY-ST-ZIP	CALI, COLUMBIA				
TITLE	STD	<input checked="" type="checkbox"/> DELETE			
NAME	HOYOS, JAVIER				
STREET ADDRESS	CALLE 4, #37-10 APARTAMENTO 102-SANTA ROSA				
CITY-ST-ZIP	CALI, COLUMBIA				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	OTOYA, JOSE G				
STREET ADDRESS	CALLE 4 37-1D APTO 902				
CITY-ST-ZIP	CALJ CO				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WOLFE, RONALD J				
STREET ADDRESS	1414 DEIRDRE DR.				
CITY-ST-ZIP	RUSKIN FL 33570-4101				
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 25, 1999

Date

Daytime Phone #

CR2E034 (11/98)