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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90130 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000082901 (4)**

1. Corporation Name
EXOTICA LUMINA, INC.

Principal Place of Business

Mailing Address

**13155 ARCH CREEK TERRACE
NORTH MIAMI FL 33181**

**13155 ARCH CREEK TERRACE
NORTH MIAMI FL 33181**

**622 SW 5th Court
Hallandale FL 33009**

**622 SW 5th Court
Hallandale, FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/23/1997

4. FEI Number

65-0910224

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHMAN, DARA
13155 ARCH CREEK TERRACE
NORTH MIAMI FL 33181**

**622 SW 5th Court
Hallandale, FL 33009**

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 agent, 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 and agree to fulfill the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME D	1. NAME ☐ Change ☐ Delete
2. NAME RICHMAN, DARA	2. NAME
3. STREET ADDRESS 13155 ARCH CREEK TERRACE	3. STREET ADDRESS
4. CITY, STATE, ZIP NORTH MIAMI FL 33181	4. CITY, STATE, ZIP
5. NAME 622 SW 5th Court	5. NAME ☐ Change ☐ Delete
6. NAME Hallandale, FL 33009	6. NAME
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100. CITY, STATE, ZIP	100. CITY, STATE, ZIP

14. Signature of the person authorized to execute this statement on behalf of the corporation. The signature must be in ink and must be accompanied by the printed name of the signatory. The signature must be dated on or before the date of filing. The signature must be accompanied by the printed name of the signatory. The signature must be dated on or before the date of filing. The signature must be accompanied by the printed name of the signatory.

SIGNATURE: **Dara Richman** **DARARICHMAN** April 14, 1999 954-927-5337