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Feb 09, 1999 8:00am  
Secretary of State

02-09-1999 90022 009 \*\*\*\*158.75

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # P97000095078

1. Corporation Name  
G. P. LUX CORPORATION

Principal Place of Business  
C/O ESTEIN & ASSOCIATES USA LTD  
5211 INTERNATIONAL DRIVE  
ORLANDO FL 32819

Mailing Address  
C/O ESTEIN & ASSOCIATES USA LTD  
5211 INTERNATIONAL DRIVE  
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/05/1997

4. FEI Number  
59-3476923

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 the current year Intangible Personal Property Tax.  
☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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9. Name and Address of Current Registered Agent

VEGOSEN, DEAN  
500 S AUSTRALIAN AVE  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | D                     | 1.1 TITLE   |  |
| NAME                       | LUX, WALTER           | 1.2 NAME  |  |
| STREET ADDRESS             | 5211 INTERNATIONAL DR | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL 32819      | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 2.1 TITLE   |  |
| NAME                       |                       | 2.2 NAME  |  |
| STREET ADDRESS             |                       | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 3.1 TITLE   |  |
| NAME                       |                       | 3.2 NAME  |  |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 4.1 TITLE   |  |
| NAME                       |                       | 4.2 NAME  |  |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 5.1 TITLE   |  |
| NAME                       |                       | 5.2 NAME  |  |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 6.1 TITLE   |  |
| NAME                       |                       | 6.2 NAME  |  |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 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

Date

Daytime Phone #

CR2E034 (11/98)