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FILED
May 01 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 # **P97000095115 (6)**

1. Corporation Name

LIGHTNING SOLUTIONS, INC.

Principal Place of Business

**3630 N.W. 16 STREET
MIAMI FL 33125**

Mailing Address

**3630 N.W. 16 STREET
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

65-0811585

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

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CASERES, WILKIN
10300 SUNSET DRIVE
SUITE 225
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name

(SAME)

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

10008 S.W. 27 TER.

83

84 City

MIAMI

FL

85 Zip Code

33165

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

WILKIN CASERES

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P/C/T/M**

1.3 STREET ADDRESS **REYNALDO G. SANCHEZ**

1.4 CITY - ST - ZIP **3630 N.W. 16 ST.**

MIAMI, FL. 33125

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **V/D**

2.3 STREET ADDRESS **EDDA R. SANCHEZ**

2.4 CITY - ST - ZIP **3630 N.W. 16 ST.**

MIAMI, FL. 33125

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D/S**

3.3 STREET ADDRESS **GERARDO E. SANCHEZ**

3.4 CITY - ST - ZIP **3630 N.W. 16 ST.**

MIAMI, FL. 33125

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**

4.3 STREET ADDRESS **CONSUELO ZEPEDA**

4.4 CITY - ST - ZIP **3630 N.W. 16 ST.**

MIAMI, FL. 33125

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**

5.3 STREET ADDRESS **DAYS I SANCHEZ**

5.4 CITY - ST - ZIP **3630 N.W. 16 ST.**

MIAMI, FL. 33125

6.1 TITLE ☐ Change ☐ 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:

[Signature]

REYNALDO G. SANCHEZ 4/20/98. (305) 637-9852

CR2E034 (1097)