

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90275 002 ***150.00

DOCUMENT # **P97000095115**

Corporation Name
LIGHTNING SOLUTIONS, INC.



Principal Place of Business Mailing Address
N.W. 16 STREET 3630 N.W. 16 STREET
FL 33125 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1997	
Suite, Apt. #, etc.		26		4. FEI Number 65-0811585	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		9. Name and Address of Current Registered Agent	
26		31		10. Name and Address of New Registered Agent	
27		32		11. Name	
28		33		12. Street Address (P.O. Box Number is Not Acceptable)	
29		34		13. City	
30		35		14. Zip Code	

CASERES, WILKIN
10300 SUNSET DRIVE
SUITE 225
MIAMI FL 33173

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
PCTM SANCHEZ, REYNALDO G 3630 NW 16 ST MIAMI FL 33125		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD SANCHEZ, EDDA 3630 NW 16 ST MIAMI FL 33125		1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DS SANCHEZ, GERARDO E 3630 NW 16 ST MIAMI FL 33125		1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D ZEPEDA, CONSUELO 3630 NW 16ST MIAMI FL 33125		1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D SANCHEZ, DAYSI 3630 NW 16ST MIAMI FL 33125		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Reynaldo Sanchez*, 4/30/99, 305-637-9852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone

CR2E034 (1/98)