


FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90056 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000016032

1. Corporation Name

GREEN LIGHTING PRODUCTS CORP.

Principal Place of Business

13935 S.W. 252 STREET
HOMESTEAD FL 33032

Mailing Address

13935 S.W. 252 STREET
HOMESTEAD FL 33032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/18/1998

4. FEI Number

65-0879009

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

VILA MASOT, OSCAR
13935 S.W. 252 STREET
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

81 Name

JORGE VILA

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

13935 S.W. 252 ST

83

84 City

MIAMI

FL

85 Zip Code

33082

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

Jorge Vila

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	VILA, JORGE	
STREET ADDRESS	13935 S.W. 252 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33032	

TITLE	V	<input type="checkbox"/> DELETE
NAME	GUERRERO, FREDDY	
STREET ADDRESS	13935 S.W. 252 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33032	

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	JAVIER	
STREET ADDRESS	555 NE 15 ST APT #33F	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input checked="" 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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAVIER VILA	
3.3 STREET ADDRESS	555 NE 15 ST APT #33F	
3.4 CITY-ST-ZIP	MIAMI FL 33132	

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

1-29-99 305-257-1491

Date

Daytime Phone #

CR2E034 (11/98)