


18301999-90003-045-\$550.00-\$550.00

399.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90003 045 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000070368</b> 1. Corporation Name <b>JUPITER LIGHTING SERVICES, INC.</b>					
Principal Place of Business 7211 N.W. 79TH TERRACE MIAMI FL 33168			Mailing Address 7211 N.W. 79TH TERRACE MIAMI FL 33168		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>08/12/1998</b>					
2. Principal Place of Business 21 <b>9999 NW 128 Terr</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>9999 NW 128 Terr</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0857146</b>	
23 <b>Hialeah Gardens FL</b> City & State Zip <b>33018</b> Country <b>USA</b>		28 <b>Hialeah Gardens FL</b> City & State Zip <b>33018</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GIMENO, FERNANDO</b> <b>6381 COWPEM ROAD</b> <b>APT. V108</b> <b>MIAMI LAKES FL 33014</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>GIMENO, FERNANDO</b>				
STREET ADDRESS	<b>6381 COWPEN RD. APT V108</b>				
CITY-ST-ZIP	<b>MIAMI LAKES FL 33014</b>				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	<b>GIMENO, IMMACULADA</b>				
STREET ADDRESS	<b>9999 N.W. 128TH TERRACE</b>				
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018</b>				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	<b>GIMENO, PEDRO</b>				
STREET ADDRESS	<b>9999 N.W. 128TH TERRACE</b>				
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018</b>				
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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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.					
SIGNATURE: _____ <b>8/25/99 205-898-6044</b> Date Daytime Phone #					

CR2E034 (5/99)