Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90019 032 ***150.00

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

DOCUMENT # P98000086306										
	LIGHT, INC.									
Principal Plac	e of Business	Ma	ailing Address	·····	•		-		i Biilea Iaili	88(18 B) 1 188)
3971 S.W. 8TH	STREET	397	1 S.W. 8TH STREET							
			UITE 305 IIAMI FL 33134				DO NOT WRITE IN	I THIS SP	ACE	
MIAMI FL 3313	14	MI	AMI PL 33134				3. Date Incorporated or Qualifed		AOL .	
							10/08/1998			i
2. Principal F	Place of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21		26					65-0868797		No	t Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	:	\$8.75 A	
22		27	City 9 Ctata						Fee Re	
City & Star	te	28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
23 Zip	Country Zip			Country			8. This corporation owes the current y	ear Intano		01668
24				30			Personal Property Tax.			
	9. Name and Address of Curre						10. Name and Address of New Regis	tered Age	∍nt	
OIA.	7 DEDONES - CARDIEL - ESS			81	Nai	me	•			
DIAZ-BERGNES, GABRIEL ESQ.					Str	eet Addres	ess (P.O. Box Number is Not Acceptable)			
3971 S.W. 8TH STREET SUITE 305					00					
	MI FL 33134			83						}
MIM	mi 1 C 30 13 4			84	City	/		FL	35 Zip C	Code
44 Diversions	45.45.	00 -nd 6	7 1500 Electe Statute	a tha abau		and compa	ration submits this statement for the purp		nging its	registered
office or r	egistered agent, or both, in the State	e of Floric	la. Such change was au	thorized by	the c	orporation	n's board of directors. I hereby accept the	appointm	ent as re	gistered
agent. I a	m familiar with, and accept the oblig	jations of,	Section 607.0505, Flori	ida Statutes	i.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title i	f applicable. (NOTE:	Registered Ager	nt signal	ture required v	when reinstating) D	ATE		
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICE	RS AND D	JIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE			•] Change	Addition
NAME	MARIN, PEDRO J			1.2 NAME						
STREET ADDRESS	· · · · · =- · · · - · · ==			1.3 STREE	T ADDRI	ESS				
CITY-ST-ZIP	MIAMI FL 33155		□ pereze	1.4 CITY-S	T-ZIP] Change	☐ Addition
TITLE	VD		☐ DELETE	2.1 TITLE		İ	r .	L	1 Change	L Addition
NAME	Marin, Alfonso J 7751 S.W. 29 Th Street			2.2 NAME 2.3 STREET	T 4000			-		
STREET ADDRESS	MIAMI FL 33155			2.3 STREE		233	5	-	è	ŀ
CITY-ST-ZIP TITLE	INITAM FE GOTOO		☐ DELETE	3.1 TITLE	71-2,11] Change	Addition
NAME				3.2 NAME					•	
STREET ADDRESS				3.3 STREET	T ADORS	ESS				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP		,	•		
TMLE			☐ DELETE	4.1 TITLE] Change	☐ Addition
NAME				4. 2 NAME]
STREET ADDRESS				4.3 STREET		ESS				
CITY-ST-ZIP			□ AELETE	4.4 CITY-S	T-ZIP				Change	Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME		1		٠ -) onenge	
NAME expect apprece				5.3 STREET	r anner	-ss				

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 affactment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

☐ Addition