

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90043 007 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000088596**

1. Corporation Name

**3 E LIGHTING INTERNATIONAL, INC.**
 Principal Place of Business  
 3990 SHERIDAN STREET, #104  
 HOLLYWOOD FL 33021

 Mailing Address  
 3990 SHERIDAN STREET, #104  
 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/16/1998**

4. FEI Number

**65-0888462**

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

 2. Principal Place of Business  
 21 **3969 Pembroke Road**  
 Suite, Apt. #, etc.

 2a. Mailing Address  
 28 **3969 Pembroke Road**  
 Suite, Apt. #, etc.

 22 City & State  
 23 **Hollywood, Florida**  
 Zip Country

 27 City & State  
 28 **Hollywood, Florida**  
 Zip Country
24 **33021** 25 **USA**29 **33021** 30 **USA**

9. Name and Address of Current Registered Agent

**HAGNE, MAX H ESQ.**  
**3990 SHERIDAN STREET, #104**  
**HOLLYWOOD FL 33021**
81 Name **Hagen, Max H. Esq.**

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

83

84 City

**FL**

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

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 PSTD  
**VALEUR JENSEN, MICHAEL**  
**3990 SHERIDAN STREET, #104**  
**HOLLYWOOD FL 33021**

 TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 D  
**MARSHAL, ROBERT**  
**3990 SHERIDAN STREET, #104**  
**HOLLYWOOD FL 33021**

 TITLE ☒ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 D  
**BOUARD, PATRICK**  
**3990 SHERIDAN STREET, #104**  
**HOLLYWOOD FL 33021**

 TITLE ☐ DELETE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☒ Change ☒ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

 PSTD  
**3969 Pembroke Road**  
**Hollywood, FL 33021**

 2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

 7.1 TITLE ☐ Change ☐ Addition  
 7.2 NAME  
 7.3 STREET ADDRESS  
 7.4 CITY-ST-ZIP

 8.1 TITLE ☐ Change ☐ Addition  
 8.2 NAME  
 8.3 STREET ADDRESS  
 8.4 CITY-ST-ZIP

 9.1 TITLE ☐ Change ☐ Addition  
 9.2 NAME  
 9.3 STREET ADDRESS  
 9.4 CITY-ST-ZIP

 10.1 TITLE ☐ Change ☐ Addition  
 10.2 NAME  
 10.3 STREET ADDRESS  
 10.4 CITY-ST-ZIP

 11.1 TITLE ☐ Change ☐ Addition  
 11.2 NAME  
 11.3 STREET ADDRESS  
 11.4 CITY-ST-ZIP

 12.1 TITLE ☐ Change ☐ Addition  
 12.2 NAME  
 12.3 STREET ADDRESS  
 12.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael V. Jensen

Date

Daytime Phone #

2/23/99

9547 987-0515

CR2E034 (1/98)