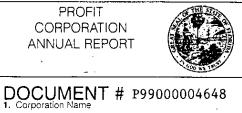
## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



ALLUMINATION SALES-N-SERVICE, INC.

FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

Katherine-Harris

FILED

00 MAY 23 PM 2: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	<u> </u>			<b>Y</b> \///	
Principal Place of Business Mailing Address				(VT)	
45 SW 19th Road					
Miami	, FL 33129				
				3. Date Incorporated or Qualified	3a. Date of Last Report
				· 01/15/1999	Sa. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	- Applied For
21		26		65-0892438	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cariffeen (St. 5	- \$9.75 Addition
22 27			,	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fung Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Cu	zent Begistered Agent	30		Yes No
	5. Name and Address of Co	rrent negistered Agent	81 Name	10. Name and Address of New Red	gistered Agent
JUAN A	A. SERNA, JR.				
	19th Road		82 Street	Address (P.O. Box Number is Not Acceptab	le)
Miami, FL 33129			83	<u> </u>	
	,				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	les, the above-names	corporation submits this statement for the proporation's board of directors. I hereby accep	uroose of changing its registered
office or i	registered agent, or both, in the S am familiar with, and accept the or	tate of Florida. Such change was a pligations of, Section 607.0505, Fla	authorized by the cord orida Statutes	coration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE			ond oldiolog.		
	Signature, lypad or prailed name of registered		E. Registered Agent signature		DATE
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D .	XXDELETE	1 1 TITLE	D/P	XX Change   Addition
NAME	Hilda Vila		1.2 NAME	Mario Alboniga	
STREET ADDRESS	45 SW 19th Road		1 3 STREET ADDRESS	45 SW 19th Road	
CITY-ST-ZIP	Miami, FL 33129	DELETE	1.4 CITY - ST - ZIP	Miami, FL 33129	
TITLE		□ DEFEIE	2 1 TITLE	والمساور	Cnange Addition
MAME		•	2 2 NAME	ವರಗಾಗಿನ:	3 <b>428035</b> /0001093020
STREET ADDRESS			2.3 STREET ADDRESS	-06/01/ ****15	n_nn ****150.00
CITY - ST - ZIP		DELETE	2 4 CHTY-ST-ZIP	****** L	, w
TITLE		☐ DELETE	. 3.1 TITLE 3.2 GAINE		Change Addition
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP					.
TITLE	1	DELETE	3.4 CITY-ST-ZIP 4,1 TITLE		Change Addition
NAME		<u> </u>	4. 2 NAME		
STREET ADDRESS			4.3 STPEET ADDRESS		ļ
CITY - ST - ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	S 1 TITLE	7-3-1-2-1	Change Accition
NAME			5 2 NATAE	•	
STREET ADDRESS			5 3 SYREET ADDRESS	• •	
CITY-ST-ZIP			6.4 CiTY-ST-ZIP		

14. I do 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 trusted 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SUNING OFFICER OR DIRECTOR

5-23-00

Daytime Phone #

## G. FRANK QUESADA

SUITE 200

1313 PONCE DE LEON BOULEVARD CORAL GABLES, FLORIDA 33134

FACSIMILE (305) 446-7521

TELEPHONE (305) 446-2517

May 23, 2000

Annual Reports Filings Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re

ALLUMINATION SALES-N-SERVICE, INC.

**DOCUMENT # P99000004648** 

Dear Sir or Madam:

Enclosed please find annual report on the above corporation along with fee in the amount of \$150.00. Original form was never received by Registered Agent.

Very truly yours,

G. Frank Quesada

Enclosures

/rq