

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY 23 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004648

1. Corporation Name

ALLUMINATION SALES-N-SERVICE, INC.

Principal Place of Business

Mailing Address

45 SW 19th Road  
Miami, FL 33129

3. Date Incorporated or Qualified

3a. Date of Last Report

01/15/1999

4. FEI Number

65-0892438

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUAN A. SERNA, JR.  
45 SW 19th Road  
Miami, FL 33129

81 Name

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME Hilda Vila  
STREET ADDRESS 45 SW 19th Road  
CITY-ST-ZIP Miami, FL 33129

1.1 TITLE D/P ☒ Change ☐ Addition  
1.2 NAME Mario Alboniga  
1.3 STREET ADDRESS 45 SW 19th Road  
1.4 CITY-ST-ZIP Miami, FL 33129

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 300003342803-5  
2.3 STREET ADDRESS -08/01/00-01093-020  
2.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-00

(305)591-8448

CR2E034 (9/96)

LAW OFFICES  
**G. FRANK QUESADA**

SUITE 200  
1313 PONCE DE LEON BOULEVARD  
CORAL GABLES, FLORIDA 33134

TELEPHONE  
(305) 446-2517

FACSIMILE  
(305) 446-7521

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