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 # S00509

1. Corporation Name

RADIANT HOLOGRAMS CORP.

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90179 021 ***158.75

Principal Place of Business	Mailing Addres	SS					
C/O GRAU 3 CO 111 NE 1ST ST 5TH FLOOR MIAMI FL 30132	C/O GRAU & CO 111 NE 1ST ST 5TH FLOOR MIAMI FL 33132				DO NOT WRITE IN THIS SPACE		
US	US				3. Date Ir corporated or Qualifed 09/17/1990		
2. Principa Place of Business 2a. M		Mailing Address			4. FEI Number		Applied For
24	26				65-0241346		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired	\$8.75 Additional Fee Recuired	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip				8. This corporation owes the current year to	ntangible Yes	∐No
24 25	29	30	1		Personal Property Tax.		
9. Name and Address of Cu	rrent Registered Agent	t	-		10. Name and Address of New Registered	ı Agent	
DUELTE COULL DO			81	Name			
PUENTE, OSVALDO C/O GRAU & CO P.A.		82	82 Street Acdress (P.O. Box Number is Not Acceptable)				
111 NE 1ST ST., 5TH FLOOR			83				
MIAMI FL 33132	-		84	City	F	<u> </u>	p C ode
 Pursuant to the provisions of Sections 607. office cr registered agent, or both, in the Stagent. I am familiar with, and accept the obtained. 	tate cf Florida. Such cha	ange was authorize	d by	the corpora	rporation submits this statement for the purpose attion's board of cirectors. I hereby accept the appliance of the cirectors of the purpose applications are the purpose at the purpose are the purpos	of changing ontment as	its registered reg stered

SIGNATURE Signature, typed or printed na ne of registered agent and title if applicab (NOT E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 TITLE TITLE PUENTE, OSVALDO NAME 12 NAME 111 NE 1ST STREET, 5TH FLOOR 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE ☐ Change TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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 attact ment with an address, with a life there like grapowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICE ? OR DIRECTOR

OSVALDO PUENTE 04/19/99

CR2E034 (11/98)