FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1994



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90226 016 ***150.00

1. Corporation Name \$13(43)	DOCUMENT #			
LUMINAR INTERNATIONAL CORP.	640140	(0)		
	S13143	(O)		
Mailing Address Principal F	lace of Business		-	J
175 NW 1 AVE 175 NW 1 11TH FLOOR 11TH FLO				
MIAMI FL 33128-1835 MIAMI FL 33128-1835			DO NOT WRITE	IN THIS SPACE
			Date Incorporated or Qualified	3a. Date of Last Report
If above addresses are innerest in any way line through innerest	oformation and anter corre	ection balance	11/16/1990	05/01/1993
If above addresses are incorrect in any way, line through incorrect information and enter corre 2. Mailing Address 2a. Principal Place of Business			4. FEI Number	Applied For
	BANYAN BLVD	CIRCLE NW	65-0227509	Not Applicable
	Apt. #, etc.		5. Certificate of Status Desired	6. Election Campaign Financing Trust
27			\$8.75 Additional Fee Require	Fund Contribution
City & State City & State		ETA A	-7=:Nonprolit Exempt from \$138.75	\$5.00 May Be
20 20	RATON, FLOR		Supplemental Fee	Added to Fees
Zip Country Zip		Intry	8. This corporation has liability for in Florida Statutes Yes	No
24 33431 25 U.S.A. 29 3343		U.S.A.	10. Name and Address of New Re	
9. Name and Address of Current Registered A	gent	81 Name	10. Name and Address of New A	egistered Agent
FRIEDHOFF, JOHN H. 175 NW 1ST AVE 11TH FLOOR MIAMI FL 33127-1817		JOS	E M. REIGOSA, C.P.A.	
			ss (P.O. Box Number is Not Acceptabl O NW 79th AVENUE	e) _.
		-		
		SUL	TE #567	
		84 City MIA	MI	FL 85 33166 de
11. Pursuant to the provisions of Sections 607.0502 and 607.1508	or Sections 617.0502 an	l 1. 1. id 617.1508, Florida	Statutes, the above-named corporation	on submits this statement
for the purpose of changing its registered office or registered ag I hereby accept the appointment as registered agent. I am famili	ent or both in the State	of Florida, Such ch	ange was authorized by the corporatio	n's board of directors.
Add to the control	ar man and decept the t	Jongano, D'On, Doom	DATE	4(30(99
SIGNATURE (Resistered Agent Accepting Aprilian ment) (NOTE: Registered Agent sign	ature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13.	CHANGES TO OFFICERS	AND DIRECTORS IN 12
11 HTLE 10		1.1 TITLE		
12 NAME DE ALBUQUERQUE, C.B.		1.2 NAME		
1.3 STREET ADDRESS 175 NW 1ST AVE 11TH FL		1.3 STREET ADDRESS	2827 BANYAN BLVD.	CIR NW
1.4 CITY-ST-ZIP MIAMI FL . 2.1 TITLE A/S		1.4 CITY - ST - ZIP 2.1 TITLE	BOCA RATON, FLORIDA	1 33431
2.1 TITLE A/S 2.2 NAME FRIEDHOFF, JOHN		2.1 IIICE 2.2 NAME		
ATC AND ACT AND ACTIVE		2.3 STREET ADDRESS		
2.3 STREET ADDRESS 1/5 NW 1ST AVE 111H FL 2.4 CITY-ST-ZIP MIAMI FL		2.4 CITY - ST - ZIP		
2.4 CHY-SI-ZP WIL-WHI F L. 3.1 HILE		3.1 TITLE	 	
3 2 NAME		3.2 NAME		1
3.3 STREET ADDRESS		3 3 STREET ADDRESS)
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		}
4.1 TITLE		4.1 THTLE		
4.2 NAME		4.2 NAME		}
4.3 STREET ADDRESS		4.3 STREET ADDRESS		1
4.4 CITY-ST-ZIP		4 4 CITY - ST - ZIP		
5.1 TITLE		5.1 TITLE		
5.2 NAME		5.2 NAME		
5.3 STREET ADORESS		5.3 STREET ADDRESS		
5 4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		
61 TIFLE		6.1 TITLE		
6.2 NAME		6.2 NAME		
6.3 STREET ADDRESS		6.3 STREET ADDRESS		
6 4 CITY -ST - ZIP		6.4 CITY - ST - ZIP		

Division of Corporations from any liability of non-compliance with Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the review or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C. B. College C. B. A. SIGNATURE AND TYPED OR PRINTED NAME & SIGNING OFFICER OR DIRECTOR

C.B. Albuauerove

4(30/99

561-955-0040