SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Sep 17 1998 8:00am PROFIT . FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1) LIGHTING ELECTRIC OF MIAMI, INC. Principal Place of Business Malling Address 8620 S.W. 125 TERR. 8620 S.W. 125 TERR. MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1991 2. Principal Place of Business 21 20311 5.W. 839VE 28. Mailing Address 5w. 83919 4. FEI Number Applied For 65-0287134 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. _] Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MENTELOS, THOMAS 81 Name 8620 S.W. 125 TERR. 82 Street Addres **MIAMI FL 33156** 83 84 19m1 Pursuant to the provisions of sections 607.0502 a 607.1508, Florida Statutes, the above-named orporation submits this statement for the purpose of changing its pration's board of directors. I hereby accept the appointment as office or registered agent, or both, in the agent. I am familiar with, and accept the forida. Such change was authorized by the course of, section 607.0505, Florida Statutes. SIGNATURE equired when reinstating) Signature, typed or printed no and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change ___ Addition MENTELOS, THOMAS NAME 1.2 NAME 8620 S.W. 125 TERR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33156 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE DELETE ___ Change ___ Addition 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.5 TITLE DELETE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP TITLE 6. TITLE Change DELETE Addition . R 2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the Information supplied with this filling does not qualify indicated on this annual report of supplemental annual report is true and "neer or director of the corporation or the receiver or trustee employee pt 12 or Block 13 if changed, or on an attachment with an across ATHRE.

or the exemption stated in section 119.07(3)(i). Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under **oa**th; that I am ad to execute this report as required by Chapter 607, Florida Statutes; and that **my** name appears

6.4 CITY-ST-ZIP

CITY-ST-ZIP