

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


FILED

Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90057 015 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V26452					
1. Corporation Name LIGHTING WORLD, U.S.A., INC.					
Principal Place of Business C/O JUAN F. GONZALEZ 3191 CORAL WAY, SUITE 1010 MIAMI FL 33145			Mailing Address C/O JUAN F. GONZALEZ 3191 CORAL WAY, SUITE 1010 MIAMI FL 33145		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1992	
21		26		4. FEI Number 65-0346316	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent GONZALEZ, JUAN F. 3191 CORAL WAY SUITE 1010 MIAMI FL 33145				10. Name and Address of New Registered Agent	
				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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME AROIX, JUAN					
1.3 STREET ADDRESS 3191 CORAL WAY, # 1010					
1.4 CITY-ST-ZIP MIAMI FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME AROIX, JUAN					
2.3 STREET ADDRESS 3191 CORAL WAY, # 1010					
2.4 CITY-ST-ZIP MIAMI FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME AROIX, ALEIDA					
3.3 STREET ADDRESS 3191 CORAL WAY, # 1010					
3.4 CITY-ST-ZIP MIAMI FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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 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, with all other like empowered.

SIGNATURE: *Juan Aroix* SIGNATURE REQUIRED

1/17/99

(305) 710-2726

Date

Daytime Phone #

CR2E034 (11/98)