

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 PM 12:47

DOCUMENT # F84418

(5)

1. Corporation Name

SUNBASE U.S.A., INC.

Principal Place of Business

**1211 N. WESTSHORE BLVD
STE 505
TAMPA FL 33607
US**

Mailing Address

**P. O. BOX 20306
TAMPA FL 33622-0306
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1982

3a. Date of Last Report

01/26/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PRESTON, F. BARRIE, DR.
1702 S. E. 27TH LOOP
GAINESVILLE 32671**

10. Name and Address of New Registered Agent

81 Name

Juan C. Perez-Ferreiro

82 Street Address (P.O. Box Number is Not Acceptable)

1211 N. Westshore Blvd, Suite 505

83

84 City

Tampa

FL

85 Zip Code
33607

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Juan C. Perez-Ferreiro
Signature, typed or printed name of registered agent and title, if applicable.

Juan C. Perez-Ferreiro

02/03/95

DATE

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
BARTH, R. ALEXANDER
H.WEIERWEG 6
ROTHRIST SW**

**S
PEREZ-FERREIRO, JUAN C.
1211 N. WESTSHORE BLVD, STE 505
TAMPA FL**

**DP
PRESTON, F. BARRIE, DR.
1702 S.E. 27TH LOOP
OCALA FL**

**D
HOUWELING, AART
VINCENT VAN GOGH LAAN, 65
OOSTERHOUT, NETHERLAND**

**T
BRENKELN, JAN V
1211 N. WESTSHORE BLVD, #505
TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DP

Perez-Ferreiro, Juan C.

1211 N. Westshore Blvd., Suite 505

Tampa, FL 33607

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S

John A. Anthony

501 E. Kennedy Blvd, Suite 1400

Tampa, FL 33601

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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:

Juan C. Perez-Ferreiro
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan C. Perez-Ferreiro

02/03/95

813-286-2625

Daytime Phone