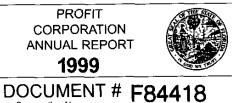
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90120 016 ***150.00

1999

1. Corporation						1				
SUNBASE U.S.A., INC.							 			11911 BLB11 1981
										L(B) 015 B0
Principal Place of Business Mailing Address										
1408 N WESTSHORE BLVD 1408 W WESTSHORE BLVD						ļ				
SUITE 1000 SUITE 1000 TAMPA FL 33607 TAMPA FL 33607							DO NOT WRITE IN THIS SPACE			
US US						3. Date	3. Date Incorporated or Qualifed			
						06/0	8/1982			1
Principal Place of Business 2a. Mailing Address						4. FEI N			A	oplied For
21 26							202168		N _i	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional
22		27]			5. Cerui	cate of Status Desired		Fee R	equired
City & State	e	City & State			6. Electi	on Campaign Financing		\$5.00	May Be _	
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Zip Cou				8. This corporation owes the current year Intal		angible	
24	25 29 30						nal Property Tax.		☐ Yes	No
	g. Name and Address of Curren	t Registered Agent		241		10. Name	and Address of New	Registered	Agent	
oros	EZ EEDDEIDO IIIAN C			81	Name					_
PEREZ-FERREIRO, JUAN C 1408 N WESTSHORE BLVD #1000				82	Street /	Address (P.O. Bo	x Number is Not Accep	table)		
	PA FL 33607									
IAMI	FA FL 3300/			83						-
				84	City				85 Zip	Code
								FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Stati	utes, the at	bove Lhv	-named of	corporation submoration's board of	its this statement for the directors. I hereby acce	e purpose of of the appoin	changing its ntment as re	s registerea egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fl	lorida Stati	utes.						
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re-					it signature n	equired when reinstating		DATE	D DIDECT	DDC (N. 12
12.	· 	D DIRECTORS DELETE	13.	116		ADDIT	IONS/CHANGES TO O	FFICERS AN	☐ Change	Addition
TITLE									_ ,	
NAME	Barth, R. Alexander H.Weierweg 6			WE DCCT						}
STREET ADDRESS					ADDRESS					Į.
CITY-ST-ZIP	ROTHRIST SW DP DELETE			TY-\$1	1-ZIP	 			Change	Addition
TITLE	<u> </u>			2.1 TITLE 2.2 NAME						_
NAME	PEREZ-FERREIRO, JUAN C.					Ì				
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	TAMPA FL Delete				IT-ZIP				X €hange	Addition
TITLE	_			TLE	j	1	•		AA	
NAME	HOUWELING, AART			3.2 NAME 3.3 STREET ADDRESS 1		1400 N	Westshore	Blud	#1000	, • - -
STREET ADDRESS	VINCENT VAN GOGHLAAN, 65 OOSTERHOUT,NETHERLAND							DIVU	,, , , , , ,	'
CITY-ST-ZIP	A-	☐ DELETE	3.4. C		1;-ZIP	rampa,	<u>FL 33607</u>		Change	☐ Addition
TITLE	PATRICIA C LATTERI			4.2 NAME		l i				_
NAME	ALCO MUNEOTONIONE DUMO C	HITE 1000			TADDRESS					
STREET ADDRESS	TAMPA FL	OIL 1000								l l
CITY-ST-ZIP				4.4 CITY-ST-ZIP 5.1 TITLE		 			Change	☐ Addition
TITLE			5.1 N						_ ,	
NAME					T ADDRESS	<u> </u>				
STREET ADDRESS	}		5.4 CI			ļ				ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI			 	······································		☐ Change	Addition
			6.2 N	AME		1				
NAME STREET ADDRESS	1				T ADDRESS					ł
STREET BUILDING										

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 chapted, or on an attachment with an address, with all other like empowered.