

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 SEP 27 AM 11:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000002563 ✓

1. Corporation Name  
 C.P. REST SUNSET, INC.

Principal Place of Business Mailing Address  
 % 127 SEVENTH AVE. % 127 SEVENTH AVE.  
 NEW YORK NY 10011 NEW YORK NY 10011

7/8/99 90023 038 \$100.00  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 2701 Sunset Drive Suite, Apt. #, etc. Suite 136 City & State South Miami, Florida Zip 33143	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip 30 Country USA	3. Date Incorporated or Qualified 05/05/1998	4. FEI Number APPLIED FOR 13-4004908 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.D. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
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1. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	12.2 ADDRESS	13.1 TITLE	13.2 ADDRESS
LE DPST ME LUONGO, GIUSEPPE 127 SEVENTH AVE Y-ST-ZIP NEW YORK NY 10011	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME 127 SEVENTH AVE Y-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME 127 SEVENTH AVE Y-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME 127 SEVENTH AVE Y-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME 127 SEVENTH AVE Y-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME 127 SEVENTH AVE Y-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 no address.

SIGNATURE: Giuseppe Luongo 7/1/99 212-462-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 President

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CR2E004 (5/98)

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**C.P. Rest Sunset, Inc.  
c/o 127 Seventh Avenue  
New York, New York 10011  
Tel (212) 462-1000  
Fax (212) 741-9119**

July 1, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This is our first year filing a Florida Department of State Corporation Annual Report. Today, July 1, 1999 I received this Corporation Annual Report for the first time. As such, I couldn't understand why it would say 2<sup>ND</sup> NOTICE on it, and why I would have to pay a \$400 late fee. Since I didn't receive the report the first time, and since I wasn't aware that I had to file this report until now, can you please waive the \$400.00 late fee for us this time?

I enclose the completed Annual Report along with a check made payable to the Secretary of State in the amount of \$150.00 for the Annual Report filing fee and the Supplemental corporate fee.

Thank you.

Sincerely,

  
Giuseppe Luongo  
President