

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR -5 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L41458 (5)**

1. Corporation Name  
**SUN CORN, INC.**

Principal Place of Business Mailing Address  
**C/O DONALD W. CARSON  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	01/09/1990	03/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
City & State		City & State		65-0171103	
24	25	29	30	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480</b>				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 607.1608, 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DANIEL D.	1.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DC	2.1 TITLE	C/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	2.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	VC/P/COO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, JOSE F	3.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VAS	4.1 TITLE	V/AS/LC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARR, WILLIAM F.	4.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECIO, ALBERTO S	5.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOMQUIST, ERK J	6.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	6.3 STREET ADDRESS	(See Attachment For Continuation)
CITY - ST - ZIP	PALM BEACH FL	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 119.07(9)(a), 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, the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jose P. Valdivia, Jr.*  
JOSE P. VALDIVIA, JR., V.P. / Sec.

Jose P. Valdivia, Jr., Esq.  
Vice President/Secretary

3-24-95

407-655-6303

Date

Telephone Number

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

*3/24/94*

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ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Janet L. Mythen  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L41458 (5)**

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**SUN CORN, INC.**

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PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

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21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FFI Number <b>65-0171103</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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<b>CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation admits 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 installing)      DATE

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CITY - ST - ZIP	<b>PALM BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DC</b>	2.1 TITLE	<b>C/CBO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANJUL, ALFONSO</b>	2.2 NAME	
STREET ADDRESS	<b>316 ROYAL POINCIANA PLZ</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	3.1 TITLE	<b>VC/P/COS/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FANJUL, JOSE F</b>	3.2 NAME	
STREET ADDRESS	<b>316 ROYAL P OINCIANA PLZ</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VAS</b>	4.1 TITLE	<b>V/AS/LC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARR, WILLIAM F.</b>	4.2 NAME	
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CITY - ST - ZIP	<b>PALM BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>DV</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECIO, ALBERTO S</b>	5.2 NAME	
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TITLE	<b>VT</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOMQUIST, ERIK J</b>	6.2 NAME	
STREET ADDRESS	<b>316 ROYAL POINCIANA PLZ</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM BEACH FL</b>	6.4 CITY - ST - ZIP	

(See Attachment For Continuation)

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SIGNATURE: \_\_\_\_\_ **Jose V. Valdivia, Jr., Esq.** Vice President/Secretary **3-24-95** **407-655-6303**