

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M22254** (0)

1. Corporation Name:
SUNPETALS, INC.

Principal Place of Business: **2011 NW 70 AVE
MIAMI FL 33122-1811
US**
Mailing Address: **2200 N.W. 70 AVENUE
MIAMI FL 33122-1811
US**

DO NOT WRITE IN THIS SPACE

3. Date of Corporation's Qualification	3a. Date of Last Report
10/22/1985	03/24/1994
4. FEI Number	Applied For Not Applicable
59-2633003	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Executive Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under 1994 (CSF) Florida Statutes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. President, Chairman of Directors	2a. Mailing Address
21	26
22. State of Birth of	27. Date of Birth of
23. City & State	28. City & State
24. SSN	25. Length
29. Zip	30. Exempt

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
FREEMAN, STEPHEN A. 520 BRICKELL KEY DR. STE 305 MIAMI FL 33131	<table border="1"> <tr> <td>B1. Title</td> <td></td> </tr> <tr> <td>B2. Street Address, R.F.D. Box Number, if Not Applicable</td> <td></td> </tr> <tr> <td>B3. City</td> <td></td> </tr> <tr> <td>B4. State</td> <td>FL</td> </tr> <tr> <td>B5. Zip Code</td> <td></td> </tr> </table>	B1. Title		B2. Street Address, R.F.D. Box Number, if Not Applicable		B3. City		B4. State	FL	B5. Zip Code	
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B2. Street Address, R.F.D. Box Number, if Not Applicable											
B3. City											
B4. State	FL										
B5. Zip Code											

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(2)(b) Florida Statutes, the above named corporation solemnly and voluntarily states that the purpose of changing its registered office or registered agent or both in the State of Florida, this change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am hereby accepting and accept the appointment as registered agent in Florida Statutes.

Signature of Registered Agent: _____ Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PD WYNPERLE, ABE 2200 NW 70 AVE MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S FREEMAN, A. STEPHEN 520 BRICKELL KEY DR #305 MIAMI FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VP LACEY, KATHY 2200 NW 70 AVE MIAMI FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and equally, for the reasons stated in Section 607.01(2)(b) Florida Statutes, I further certify that the information included in 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. I, as 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 1, or Block 2, of the report or on an attachment with an address.

SIGNATURE: *Kathleen Lacey V.P.*
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1995 (305) 594-4302