

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P93000086605 (1)

1. Corporation Name

SUNSHINE NOTICES, INC.

Principal Place of Business

Mailing Address

2490 CORAL WAY  
STE 303  
MIAMI FL 33145  
US

2490 CORAL WAY  
STE 303  
MIAMI FL 33145  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1993

4. FEI Number

65-0460099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1801 Coral Way

Suite, Apt. #, etc.  
22 S-411

City & State

23 Miami, FL

Zip

24 33145

Country

25 US

2a. Mailing Address

26 1801 Coral Way

Suite, Apt. # etc.  
27 S-411

City & State

28 Miami, FL

Zip

29 33145

Country

30 US

9. Name and Address of Current Registered Agent

RODRIGUEZ, SUZANNE M  
3088 S.W. 20TH ST.  
MIAMI FL 33145

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D RODRIGUEZ, SUZANNE M  
STREET ADDRESS  
3088 S.W. 20TH ST.  
CITY-ST-ZIP  
MIAMI FL 33145

TITLE ☐ DELETE

NAME  
V BURDI, TAMMY T.  
STREET ADDRESS  
1705 NE 116TH ROAD #1  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
D RODRIGUEZ, JUAN C.  
STREET ADDRESS  
3088 SW 20TH ST  
CITY-ST-ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 an address.

SIGNATURE: *Tammy T Burdi* 4-14-98 305-860-1088

CR2E034 (10/97)