

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

NON-PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000085158 (1)**  
1. Corporation Name

**SUNSHINE INVESTMENT AND BUILDERS INC.**



Principal Place of Business: **8022 WEST 18 LANE HIALEAH FL 33014**  
Mailing Address: **8022 WEST 18 LANE HIALEAH FL 33014**

3. Date Incorporated or Qualified: **11/18/1994**  
3a. Date of Last Report: **08/15/1995**  
4. FEI Number: **65-0540047**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt #, etc: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
Zip: **28** Country: **30**

9. Name and Address of Current Registered Agent  
**MARTINEZ, LAZARO L  
432 E. 17TH STREET  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 no change.)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>P</b>		
NAME	<b>FERNANDEZ, MARIELENA</b>		
STREET ADDRESS	<b>3300 S.W. 25 STREET</b>		
CITY-ST-ZIP	<b>MIAMI FL 33133</b>		
TITLE	<b>VP</b>		
NAME	<b>CHAPLE, BERNARDO A</b>		
STREET ADDRESS	<b>8022 WEST 18TH LANE</b>		
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11 TITLE	<b>Joseph A. Goudie</b>		
12 NAME	<b>8022 W 18th Lane</b>		
13 STREET ADDRESS	<b>Hialeah, FL 33014</b>		
14 CITY-ST-ZIP	<b>Treasure</b>		
21 TITLE	<b>Marielena Fernandez</b>		
22 NAME	<b>8022 W 18th Lane</b>		
23 STREET ADDRESS	<b>Hialeah, FL 33014</b>		
24 CITY-ST-ZIP	<b>President</b>		
31 TITLE			
32 NAME	<b>900001936389</b>		
33 STREET ADDRESS	<b>-08/30/96--01011--017</b>		
34 CITY-ST-ZIP	<b>***225.00 ***225.00</b>		
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **8/14/96**

CR2E034 (3/96)