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

_--_PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000085158**

SUNSHINE INVESTMENT AND BUILDERS INC.

Principal Place of Business Mailing Address							11 80 111 03 141 4	E164 E1161 IVEE1	01107 1011 1001
		8022 WEST 18 LANE							
HIALEAH FL 33014		HIALEAH FL 33014				DO NOT WRIT	E IN THIS	SPACE	
	. •		•			3. Date Incorporated or Qualifed 11/18/1994			
20 Mailing Address						4. FEI Number		Ar	plied For
2. Principal Place of Business		2a. Mailing Address			65-0540047		_ <u> </u>	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<u> </u>		\$8.75		
22		27	27			5. Certificate of Status Desired		Fee Re	
City & State		City & State		-	6 Election Campaign Financing - Trust Fund Contribution		\$5.00 Added t	May Be to Fees	
Zip Country		28	Zip Country			8. This corporation owes the current year Intangible			
		 	29 30			Personal Property Tax.	ant year mite	Yes	□No
24 25 29 9. Name and Address of Current Registered Agent			30 1	10. Name and Address of New Registered Agent				Agent	
	5. Name and Address of Carre	81	Na	me .					
FERN	NANDEZ, MARIELENA	مداد مندونیت .م	_	<u> </u>					
8022	WEST 18 LANE	<u> </u>	82	! Str	et Addre	ss (P.O. Box Number is Not Accepta	DIO)		
HIALEAH FL 33014			83	1					
	·		<u></u>					DE Zin	Code
ı			84	Cit	1		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	e-nan	ned corpo	ration submits this statement for the	purpose of	changing its	registered
office or a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thonzed by	/tnec	orporation	n's board of directors. I hereby accep	t the appoir	ument as re	gistered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				nt signa	beriuper eru.	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	ICERS AN		ORS IN 12
TITLE	P .	DELETE		1.1 TITLE				Change	
NAME	FERNANDEZ, MARIELENA		1.2 NAME						
STREET ADDRESS	8022 W. 18TH LANE		1.3 STREET ADDRESS		ESS				
CITY-ST-ZIP	HIALEH FL 33133		1.4 CITY-ST-ZIP					☐ Change	☐ Addition
TITLE	VP DELETE		2.1 TITLE					□ Criange	
NAME	CHAPLE, BERNARDO A		2.2 NAME						
STREET ADDRESS	8022 WEST 18TH LANE		2.3 STREET ADDRESS		ESS				,
CITY-ST-ZIP	HIALEAH FL 33014		2. 4 CiTY-ST-ZIP				*	Change	- ☐ Addition
TITLE	T DELETE		3.1 TITLE			2	, -	☐ Criange	□ Addition
NAME	OUDIE, JOSEPH A		3.2 NAME						Į
STREET ADDRESS	8022 W. 18TH LANE		3.3 STREET ADDRESS		ESS				İ
CITY-ST-ZIP	HIALEAH FL 33014		3,4, CITY-ST-ZIP					Channe	Addition
TITLE	•	☐ DELETE	4.1 TITLE		1			☐ Change	Addition
NAME	,		4. 2 NAME						
STREET ADDRESS			4.3 STREE		ESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					Addition
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS	,		5.3 STREE		ESS				
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP				· C C	(Additio -
TITLE		☐ DELETE	6.1 TITLE					'☐ Change	Addition
NAME			6.2 NAME						

CITY-ST-ZIP 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 attainment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREMANDER FERNANDER

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90096 018 ***150.00