

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000008942 (1)**

1. Corporation Name

**SUNNY SANDS, INC.**



Principal Place of Business: **% MIAMI CORPORATE SYSTEMS INC. 5200 BLUE LAGOON DR., STE. 700 MIAMI FL 33126**  
Mailing Address: **% MIAMI CORPORATE SYSTEMS INC. 5200 BLUE LAGOON DR., STE. 700 MIAMI FL 33126**

3. Date Incorporated or Qualified: **02/02/1995**  
3a. Date of Last Report

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **65-0622085**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**\$8.75 Additional Fee Required**  
**\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent: **MIAMI CORPORATE SYSTEMS INC. 1201 HAYS ST. TALLAHASSEE FL 32301**  
10. Name and Address of New Registered Agent (81-84) fields.

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>D</del> <del>ESQUENAZI, SALOMON B</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ESQUENAZI, SALOMON B</del>	1.2 NAME	DIAZ SALINAS, ROBERTO
STREET ADDRESS	<del>5200 BLUE LAGOON DR., STE. 700</del>	1.3 STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP	<del>MIAMI FL 33126</del>	1.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RIVERA RAMIREZ, MARIA TERESA
STREET ADDRESS		2.3 STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 700
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/22/96**

CR2E034 (12/95)