

**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.)**

RECEIVED
JUL 12 1996

95 July 12 PM 1:52

SECRETARY OF STATE
TALLASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069943 (5)
1. Corporation Name
MIAMI SUN, INC.

Principal Place of Business Mailing Address
701 BRICKELL AVE. SUITE 1200 MIAMI FL 33131
701 BRICKELL AVE. SUITE 1200 MIAMI FL 33131

2. Principal Place of Business
21 3050 Biscayne Blvd.
22 Suite 501
23 Miami, Florida
24 33137
25
2a. Mailing Address
26 3050 Biscayne Blvd.
27 Suite 501
28 Miami, Florida
29 33137
30

3. Date Incorporated or Qualified 09/07/1995
3a. Date of Last Report
4. FEI Number 65-0611371
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

9. Name and Address of Current Registered Agent
RICHARDS, GEORGE R
701 BRICKELL AVE, SUITE 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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: *Sandra B. Mortham* 85-96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DEDONATIS, LEO | |
| STREET ADDRESS | 4511 NW 37TH CT | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|---|--|
| 11 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | Mr. Thierry Naro | |
| 13 STREET ADDRESS | 16 South River Road & Bay Street | |
| 14 CITY-ST-ZIP | Kingstown, Saint Vincent & the Grenadines | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | 800001915188 | |
| 24 CITY-ST-ZIP | -03/07/96--01043--016 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | ****225.00 ****225.00 | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thierry Naro* Thierry Naro, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

File date - 7/12/96
Thierry Naro
85-96