


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90008 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000079545 OK
 1. Corporation Name
 Sunny Day Services, Inc.

Principal Place of Business Mailing Address
 7929 NW 53RD ST
 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address
 21 7929 NW 53RD ST 26 7929 NW 53RD ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 MIAMI FLORIDA 28 MIAMI FLORIDA
 Zip Country Zip Country
 24 33166 25 U.S.A. 29 33166 30 U.S.A.

4. FEI Number Applied For
 65-0696313 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 SONIA Y. RODRIGUEZ
 9591 FONTAINEBLEAU BLVD. #204
 MIAMI FL 33172

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO. <input checked="" type="checkbox"/> DELETE
NAME	JOSE H. DIAZ
STREET ADDRESS	621 SW 104 AVE
CITY-ST-ZIP	MIAMI FL 33174
TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> DELETE
NAME	BEATRIZ DIAZ
STREET ADDRESS	621 SW 104 AVE
CITY-ST-ZIP	MIAMI FL 33174
TITLE	TREASURE DIRECTOR <input type="checkbox"/> DELETE
NAME	SONIA Y. RODRIGUEZ
STREET ADDRESS	9591 FONTAINEBLEAU BLVD, #204
CITY-ST-ZIP	MIAMI FL 33172
TITLE	SECRETARY DIRECTOR <input type="checkbox"/> DELETE
NAME	NATASHA ALVAREZ
STREET ADDRESS	9591 FONTAINEBLEAU BLVD, #204
CITY-ST-ZIP	MIAMI, FL 33172
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: _____ DATE: 03/12/99 DAYTIME PHONE # _____

CR25024.11 (09)