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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M51646 (1)
 1. Corporation Name
FLO-SUN INCORPORATED

Principal Place of Business Mailing Address
316 ROYAL PONCIANA PLAZA **316 ROYAL PONCIANA PLAZA**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/06/1997	03/24/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2821515	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARSON, DONALD W. 316 ROYAL PONCIANA PLAZA PALM BEACH FL 33480				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZQUETA, ULLIAN	1.2 NAME	
STREET ADDRESS	316 R. PONCIANA PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VAS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARR, WILLIAM F	2.2 NAME	
STREET ADDRESS	316 R. PONCIANA PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	3.2 NAME	
STREET ADDRESS	316 R. PONCIANA PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDIVIA, JOSE F., JR.	4.2 NAME	
STREET ADDRESS	316 ROYAL PONCIANA PLZ	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALEXANDER L	5.2 NAME	
STREET ADDRESS	316 ROYAL PONCIANA PLZ	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, GEORGE L	6.2 NAME	
STREET ADDRESS	316 ROYAL PONCIANA PLZ	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	6.4 CITY - ST - ZIP	

(See Attachment For Continuation)

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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; the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

Jose F. Valdivia, Jr., Esq.
 Vice President/Secretary

SIGNATURE: _____ DATE _____
Name, Title and Address of Signing Officer or Director

407-655-6303