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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P96000017808 (2)**

1. Corporation Name
**A-1 SUNLINE U.S.A., CORP.**

Principal Place of Business
**9694 N.W. 35TH STREET**
**CORAL SPRINGS FL 33065**

Mailing Address
**9694 N.W. 35TH STREET**
**CORAL SPRINGS FL 33065-2801**

3. Date Incorporated or Qualified: 02/27/1996
3a. Date of Last Report:

2. Principal Place of Business
21 966 HARBOR INN TR
Suite, Apt. #, etc. 22 Bldg 21
City & State 23 CORAL SPRINGS FL
24 Zip 33071 25 Country U.S.A

2a. Mailing Address
26 966 HARBOR INN TR.
Suite, Apt. #, etc. 27 Bldg 21
City & State 28 CORAL SPRINGS FL
29 Zip 33071 30 Country USA

4. FEI Number 65-0666110 ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**
**FERNANDEZ, RUBEN D**
**9694 N.W. 35TH STREET**
**CORAL SPRINGS FL 33065**

**10. Name and Address of New Registered Agent**
81 Name ~~ENRIQUE FERREDA~~ RDF
82 Street Address (P.O. Box Number is Not Acceptable) ~~2980 RIVERSIDE DR #227~~ RDF
83
84 City ~~CORAL SPRINGS FL~~ 85 Zip Code ~~33065~~ RDF

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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | TREASURER ☒ DELETE | 1.1 TITLE | TREASURER ☒ Change ☒ Addition |
| NAME | GABRIEL O. GUIRADO | 1.2 NAME | ENRIQUE FERREDA |
| STREET ADDRESS | 9694 NW 35TH ST. | 1.3 STREET ADDRESS | 2980 RIVERSIDE DR #227 |
| CITY-ST-ZIP | C. SPRINGS FL | 1.4 CITY-ST-ZIP | CORAL SPRINGS FL 33065 |
| TITLE | SECRETARY ☒ DELETE | 2.1 TITLE | SECRETARY ☒ Change ☒ Addition |
| NAME | RUBEN FERNANDEZ | 2.2 NAME | ANDREA SCALABRONI |
| STREET ADDRESS | 966 HARBOR INN TR Bldg 21 | 2.3 STREET ADDRESS | 966 HARBOR INN TR Bldg 21 |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 ☐ DELETE | 2.4 CITY-ST-ZIP | CORAL SPRINGS FL 33065 |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ 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 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.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0149324

CR2E034 (9/96)