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 # 250454 (6)

1. Corporation Name

SUNSHINE KITCHENS INC

Principal Place of Business	Mailing Address
16111 N W 13TH AVENUE MIAMI FL 33169	16111 N W 13TH AVENUE MIAMI FL 33169

3. Date Incorporated or Qualified: 08/21/1961
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-0936301 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. #, etc 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SHAPIRO,NORMAN
16111 N.W. 13TH AVENUE
MIAMI FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1800 N.E. 114 th Street
83 Apt. # 1610
84 City Miami, FL 85 Zip Code 33161

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

TITLE	T	[ ] DELETE
NAME	OLDENBURG, CHERIE N	
STREET ADDRESS	14738 BRECKNESS PL	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	[ ] DELETE
NAME	SHAPIRO, BARBARA	
STREET ADDRESS	~~1800 NW 114TH ST~~	1800 N.E. 114 Street APT. 1610
CITY-ST-ZIP	~~MIAMI, FL 00000~~	Miami, FL 33161
TITLE	VSD	[ ] DELETE
NAME	CALLAS, GEORGE	
STREET ADDRESS	~~3720 209 TERR~~	3720 N.E. 209 Terr.
CITY-ST-ZIP	~~N MIAMI BCH, FL 00000~~	No. Miami, FL 33180
TITLE	PD	[ ] DELETE
NAME	SHAPIRO, NORMAN	
STREET ADDRESS	~~1800 NW 114TH ST~~	1800 N.E. 114 Street Apt. 1610
CITY-ST-ZIP	~~MIAMI, FL 00000~~	Miami, FL 33161
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	1800 NE 114 Street Apt. # 1610	
2.4 CITY-ST-ZIP	Miami FL 33161	
3.1 TITLE		[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	3720 N.E. 209 Terr.	
3.4 CITY-ST-ZIP	No. Miami FL 33180	
4.1 TITLE		[X] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS	1180 NE 114 Street Apt. 1610	
4.4 CITY-ST-ZIP	Miami, FL 33161	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: George J Callas [signature] — 5/31/96 — 305 624-2617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)