

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **643535 (8)**  
1. Corporation Name  
**SUN ELASTIC CORPORATION**



Principal Place of Business: **1795 WEST 8TH AVENUE HIALEAH FL 33010**  
Mailing Address: **1795 WEST 8TH AVENUE HIALEAH FL 33010**

3. Date Incorporated or Qualified: **10/31/1979** 3a. Date of Last Report: **03/28/1995**  
4. FET Number: **59-1956306** 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

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

9. Name and Address of Current Registered Agent  
**KABAT & SCHERTZER  
9400 S DADELAND BLVD, SUITE 604  
DADELAND TOWERS  
MIAMI FL 33156**

10. Name and Address of New Registered Agent  
81. Name: 82. Street Address (P.O. Box Number is Not Applicable): 83. City: 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **PS** NAME: **BUKELE, ROBERT** STREET ADDRESS: **1795 W 8TH AVE HIALEAH FL**  
TITLE:  DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:  
TITLE:  DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:  
TITLE:  DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:  
TITLE:  DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:  
TITLE:  DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:  
TITLE:  DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE:  Change  Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:  
2. TITLE:  Change  Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:  
3. TITLE:  Change  Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:  
4. TITLE:  Change  Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:  
5. TITLE:  Change  Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:  
6. TITLE:  Change  Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:

14. I do hereby certify that the information submitted 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 trustee 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, and in Block 14 if the cert with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR: **Roberto Bukele**

Jan 23 / 96 305-884-8253

CR2E034 (12/95)