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

PROFIT May 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4) SUNSHINE BLINDS, INC. Principal Place of Business Mailing Address 12027 SW 114 PL 12027 SW 114 PL MIAMI FL 33176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>02/27/1981</u> 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2079006 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SATTERFIELD, JAMES R GOMEZ 5117 SW 149 PL 82 Street Ad **MIAMI FL 33185** 83 84 MIAMI 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 Flatutes. Now DANIEL L. GOMEZ SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELE TE Change 1.1 TITLE Addition NAME SAFTERFIELD, JAMES R. 1.2 NAME 5117 SY 191H PL STREET ADDRESS 1.3 STREET ADDRESS MAMI, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 21 TITLE ■ Addition PRESIDENT GOMEZ, DANIEL L. NAME GOHER, DANIEL L. 18051 SW 158 ST STREET ADORESS 2.3 STREET ADDRESS 18090 5.W. 158 ST. MIAMI FL CITY-ST-ZIP 2 4 CHY-ST-ZIP MIAMI, FL. 33187 TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 HILE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 13 if changed, or on an attachment with an address.

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