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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # F95000005341

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90057 041 \*\*\*158.75

SUNULU	JX, INC.									
Principal Place	on Rusiness	Mailing Address				100/161	HO 18181 CHIH 601		III <b>da</b> i <b>ė</b> i <b>d</b> ilga il	#{###   #  <b>  </b> ##
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2100 SALZEDO ST., STE 304 CORAL GABLES FL 33134  2100 SALZEDO ST., STE 304 CORAL GABLES FL 33134							DO NOT V	VRITE IN TH	IS SPACE	
					3.	Date Incorpor	ated or Quali	fed		
						11/01/199	5		•	
2. Principal Pl	lace of Business	2a. Mailing Address		.41	4.	FEI Number				Applied For
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22 Suite	500		00							Required
City & State	e a Li El	City & State	hlas	FL	6.	Election Cam		ing 🗆		May Be
23 COVA	I_GablesFC		ables			-Trust Fund C				1 to Fees
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	3. Name and Address of C	arrent registered Agen		81 Name	<u>~ 1</u>	16 • 1		h		
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1077	75 TEA OLIVE LN			82 Street	Address	P.O. Box Numb	L POL	N Blanca	id.	
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11. ,Pursuant t	to the provisions of Sections 6	7.0502 and 607.1508, Florida S	Statutes, the a	bove-named	corporatio	n submits this	statement for	the purpose	of changing i	is registered
11. Pursuant I	to the provisions of Sections 66 egistered agent, or both in the m familiar mith, and agorpt the	7.0502 and 607.1508, Florida S State of Florida. Such change v obligations of, Section 607.050	Statutes, the a was authorized 5, Florida Ştatı	bove-named by the corpo utes.	corporatio oration's b	n submits this oard of director	statement for rs. I hereby a	the purpose ccept the app	of changing incomment as	registered
	to the provisions of Sections 66 egistered agent, or both in the m familiar with and adopt the	7.0502 and 607.1508, Florida State of Florida. Such change sobligations of, Section 607.050:  RON GOTTER	Statutes, the a was authorized 5, Florida State	bove-named by the corpo utes.	corporatio oration's b	n submits this oard of directo	statement for rs. I hereby a	the purpose ccept the app	of changing in pointment as	registered
SIGNATURE	Signature, typed or printed name of registe	FON GOTTER	(NOTE: Registered	bove-named by the corpo utes.	corporation oration's be	n submits this oard of director	statement for rs. I hereby a	DATE	11/7	
SIGNATURE	Stabelure, typed or printed name of registe OFFICER	KON GOTTER! red agent and title of applicable. RS AND DIRECTORS	(NOTE: Registered	bove-named by the corporates. IN ANC	corporation oration's be	n submits this oard of directo	statement for rs. I hereby a	DATE	AND DIREC	ORS IN 12
SIGNATURE	Superfire, typed or printed name of registe  OFFICER	FON GOTTER	(NOTE: Registered 13.	bove-named by the corporates. INANC	corporation oration's be	n submits this oard of director  I K ECTOK reinstating)  ADDITIONS/C	statement for rs. I hereby a	DATE OFFICERS	AND DIREC	FORS IN 12
SiGNATURE	Signetire, typed or printed name of registe OFFICER P ZAMORA, ALBERTO	KON GOTTER! red agent and title of applicable. RS AND DIRECTORS	(NOTE: Registered 13.) TE 1.1 TI 1.2 N	bove-named d by the corporates. INANC Agent signature of TLE	corporation oration's but the properties of the	n submits this oard of director  I K ECTOK reinstating)  ADDITIONS/C	statement for rs. I hereby a	DATE OFFICERS	AND DIREC	FORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	P ZAMORA, ALBERTO 10425 SW 89TH PL MIAMI FL 33186	KON GOTTER red agent and title of applicable. RS AND DIRECTORS	(NOTE: Registered 13. TE 1.1 TI 1.2 NV 1.3 ST 1.4 CI	bove-named d by the corputes. I N ANC Agent signature in TLE AME TREET ADDRESS ITY-ST-ZIP	corporation oration's be I AL D required when P AMO 1999 Coral	n submits this oard of director  I K ECTOK reinstating)  ADDITIONS/C  PA AL  Ponce of	statement for rs. I hereby a	DATE OFFICERS	AND DIRECTOR DESCRIPTION OF THE PROPERTY OF TH	ORS IN 12
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14. I 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 reports 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 of the part of the corporation of

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)444-4431