

**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 # F95629  
1. Corporation Name

CORAL SUN CORPORATION

Principal Place of Business Mailing Address  
11002 N.W. 18th Place (Same)  
Plantation, FL 33322

3. Date Incorporated or Qualified 08-20-82 3a. Date of Last Report  
4. FEI Number Inactive 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 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
A.C. Lowery  
985 N.E. 84th Street  
Miami, FL 33138

10. Name and Address of New Registered Agent  
81 Name Jon C. Digranes  
82 Street Address (P.O. Box Number is Not Acceptable) 11002 N.W. 18th Place  
83  
84 City Miami FL 85 Zip Code 33322

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: Jon C. Digranes 2/26/96  
(NOTE: Registered Agent signature required when replacing) DATE

12. OFFICERS AND DIRECTORS

TITLE	President and Director	<input checked="" type="checkbox"/> DELETE
NAME	Richard Flores	
STREET ADDRESS	11501 S.W. 95th St.	
CITY - ST - ZIP	Miami FL 33188	
TITLE	Secretary and Director	<input checked="" type="checkbox"/> DELETE
NAME	John D. Oakes	
STREET ADDRESS	985 N.E. 84th St.	
CITY - ST - ZIP	Miami, FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jon C. Digranes	
1.3 STREET ADDRESS	11002 N.W. 18th Place	
1.4 CITY - ST - ZIP	Plantation, FL 33322	
2.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard M. Flores	
2.3 STREET ADDRESS	11002 N.W. 18th Place	
2.4 CITY - ST - ZIP	Plantation, FL 33322	
3.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Adriana Johnson	
3.3 STREET ADDRESS	11002 N.W. 18th Place	
3.4 CITY - ST - ZIP	Plantation, FL 33322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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2/26/96 954-236-4385

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: Jon C. Digranes 2/26/96 954-236-4385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PHONE #

CR2E034 (12/95)