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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G05829

(8)

SUNNYL	AND PRO	OPERTIES, INC.										
Principal Plac 7276 SW 8TH MIAMI FL 3314 US	\$T	s	PO BOX	Mailing Address PO BOX 441836 MIAMI FL 33144-1836 US				-	-{		IF OINDI OIDII DIEFE	EIBU IBBI
									3. Date Incorporated or Qualific 10/13/1982		Date of Last R 2/13/1996	eport
2. Principal P	lace of Busin	ess	<u> </u>	2a. Mailing Address					4. FEI Number 59-2229950			oplied For
Suite, Apt.	#, elc			Suite Apt. #, etc.								ot Applicable Additional
22			27	27					5. Certificate of Status Desired			equired
City & Stat	te			City & State				-	6. Election Campaign Financing \$5.00 May Be			
23	-	Country		Zip Country					Trust Fund Contribution			to Fees
Zip 24	Country 25			Zip C			•		8. This corporation has liability for intangible tax under s, 199.032, Florida Statutes ☐ Yes No			
24		and Address of Curre							10. Name and Address of New Registered Agent			
BLU	M, SAMUEI	L SPENCER ESQ.				81	Na	me			***************************************	
	6 TIGERTAI	l ave				82	Sti	eet Addr	ddress (P.O. Box Number is Not Acceptable)			
	TE 106	^					ļ					
MIAMI FL 33133							<u> </u>		WIII 21			
						84 City				F	L 85 Zip	Code
11. Pursuant office or i	to the provis registered ag	ions of Sections 607.05 pent or both, in the State	02 and 607.15 e of Florida. S	08, Florida Statu uch change was	ites, the a	bove d by	e-na y the	ned corp corporat	poration submits this statement for the	e purpose cept the a	of changing it ppointment as	is registered registered
agent i a	am familiar wi	th, and accept the oblig	gations of, Sec	tion 607.0505, F	florida Sta	tutes	S.					ĺ
SIGNATURE	Signature, typical	or printed name of registers diag	jent and tile if appi	cable (NC	TE Registere	d Age	ent sig	nature requir	ed when reinstating)	DATE		
12.		OFFICERS AN	ND DIRECTORS			13.			ADDITIONS/CHANGES TO O	FICERS A		
TITLE	DP	DUARDO					1.1 TITLE				L Change	Addition
NAME STREET ADDRESS		W. 93 TERRACE			1.2 NAME 1.3 STREET AD			.ccc				
CITY - ST-ZIP	MIANA EL ACOCO						ST-ZIP					
THLE	DVP			DELETE 2.1			51-ZIF				Change	Addition
NAME	MUNIZ, K	sabel M.		2.21								
STREET ADDRESS	10265 S.	W. 93 TERRACE		2.3			T ADOF	ESS				
C!1Y-ST-ZIP	MIAMI FL	• · · · · · · · · · · · · · · · · · · ·					ST-ZII	·		·		
TITLE	D CALZ ICA	ADCI M		L DELETE				-			☐ Change	Addition
NAME	SAIZ, ISA	NDEL M 75TH ST		32								
STREET ADDRESS CITY - ST - ZIP	MIAMI FL						T ADDF St-7#	.				
TITLE	***************************************			☐ DELETE			31-21				Change	☐ Add/tion
NAME						4 1 TITLE 4 2 NAME						
STREET ADDRESS					438	TREET	T ADDE	ESS				
CITY - ST - ZIP	<u> </u>					_	ST-ZIP				··· r	···
TITLE				DELFTE	517						☐ Change	Addition Addition
NAME PAREL ADDRESS					5.2 N		t 10c-	orce				
STREET ADDRESS							T ADDF					
CITY - ST - ZIP T:TLE				DELETE	5.4 C		ST-ZIP	-+			Change	Addition
NAME					6.2 N						7.	
STREET ADDRESS					i i		i addr	IESS				

6.4 CITY-ST-ZIP

SIGNATURE:

14. I do 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 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 ecceiver 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 of an attachment with an address. 305-262 0339

FILED

Jan 14 1997 8:00am

Secretary of State