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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #. 1. Corporation Name G05829

SUNNYLAND PROPERTIES, INC.

Principal Place	of Rusiness	Mailing Address			IZALI DIBLI BIBLI BIBLI BIBLI BIBLI
		PO BOX 441836			
10265 SW 93RD TERR: PO BOX 441836 MIAMI FL 33176 MIAMI FL 33144				DO NOT WRITE IN THIS	· CDACE
US		U\$		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				10/13/1982 4. FEI Number	Applied For
⊢ — `	ace of Business	2a. Mailing Address		59-2229950	Not Applicable
21	4	Suite, Apt. #, etc.		39-2229900	\$8.75 Additional
Suite, Apt.	#, etc.	⊢		5. Certifcate of Status Desired	Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	3	28		Trust Fund Contribution	Added to Fees
23 7in	Country	Zip	Country	8. This corporation owes the current year In	tangible
Zip	25	├ ─ `	.ol	Personal Property Tax.	∐Yes ⊠No
24	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
	and the second s	,,	81 Name		
BLU	M, SAMUEL SPENCER ESQ.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	TIGERTAIL AVE		62 Street Au	diess (F.O. Box Nation is Not Acceptable)	
SUIT	E 106		83		
MIAN	AI FL 33133				'85 Zip Code
			84 City	· FL	_
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named co	rporation submits this statement for the purpose of tition's board of directors. I hereby accept the appo	f changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	thorized by the corpora	ition's board of directors. I hereby accept the appo	intment as registered
_	m familiar with, and accept the conga	dolls of decion our dood, from		•	. '
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	Registered Agent signature requ	ired when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TILE	DP	☐ DELETE	1.1 TITLE	•	Change Addition
NAME	MUNIZ; EDUARDO		1.2 NAME		
STREET ADDRESS	10265 S.W. 93 TERRACE				
CITY-ST-ZIP	MIAMI. FL 00000	*	1.3 STREET ADDRESS		
TITLE	MINNI PL 00000	*	1.4 CITY-ST-ZIP		Chassa
	DVP	DELETE			☐ Change ☐ Addition
NAME			1.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS	DVP MUNIZ, ISABEL M.		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	DVP MUNIZ, ISABEL M.	os.	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		
STREET ADDRESS	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D SAIZ, ISABEL M	os.	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D	os.	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D SAIZ, ISABEL M	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D. SAIZ, ISABEL M 9750 SW 75TH ST	os.	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D. SAIZ, ISABEL M 9750 SW 75TH ST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL. D. SAIZ, ISABEL M. 9750 SW 75TH ST MIAMI FL.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL. D. SAIZ, ISABEL M. 9750 SW 75TH ST MIAMI FL.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL. D. SAIZ, ISABEL M. 9750 SW 75TH ST MIAMI FL.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL. D. SAIZ, ISABEL M. 9750 SW 75TH ST MIAMI FL.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D. SAIZ, ISABEL M 9750 SW 75TH ST MIAMI FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL. D. SAIZ, ISABEL M. 9750 SW 75TH ST MIAMI FL.	DELETE DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ ☐ Change ☐ C
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D. SAIZ, ISABEL M 9750 SW 75TH ST MIAMI FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	y 1	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL. D. SAIZ, ISABEL M. 9750 SW 75TH ST MIAMI FL.	DELETE DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	y *	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ ☐ Change ☐ C
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI FL D SAIZ, ISABEL M 9750 SW 75TH ST MIAMI FL.	DELETE DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ ☐ Change ☐ C

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 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, with all other like empowered.

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90014 023 ***150.00