


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

FILED

Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90014 023 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G05829</b>					
1. Corporation Name <b>SUNNYLAND PROPERTIES, INC.</b>					
Principal Place of Business 10265 SW 93RD TERR MIAMI FL 33176 US			Mailing Address PO BOX 441836 MIAMI FL 33144 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2229950	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BLUM, SAMUEL SPENCER ESQ. 2666 TIGERTAIL AVE SUITE 106 MIAMI FL 33133				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
	DP MUNIZ, EDUARDO	10265 S.W. 93 TERRACE	MIAMI, FL 00000		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
	DVP MUNIZ, ISABEL M.	10265 S.W. 93 TERRACE	MIAMI FL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
	D. SAIZ, ISABEL M	9750 SW 75TH ST	MIAMI FL		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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					

SIGNATURE:

*EDUARDO MUNIZ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99  
Date

(305) 595 4887  
Daytime Phone #

CR2E034 (11/98)