

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90021 025 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G08441

1. Corporation Name
SUNHOUSE INTERNATIONAL, INC.

Principal Place of Business
363 GRANELLO AVE
CORAL GABLES FL 33146
US

Mailing Address
363 GRANELLO AVE.
CORAL GABLES FL 33146
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/16/1982	
21		26		4. FEI Number 59-2340698	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

JOHANSSON, STEFAN
6121 GRANADA BLVD
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP ☐ DELETE	1.1 TITLE	CEO ☒ Change ☐ Addition
NAME	JOHANSSON, STEFAN	1.2 NAME	
STREET ADDRESS	6121 GRANADA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, PATRICIA	2.2 NAME	
STREET ADDRESS	14920 N.W. 12TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	2.4 CITY-ST-ZIP	
TITLE	George Spilis ☐ DELETE	3.1 TITLE	President ☐ Change ☒ Addition
NAME		3.2 NAME	George Spilis
STREET ADDRESS		3.3 STREET ADDRESS	12400 SW 60th Court
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	☐ DELETE	4.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		4.2 NAME	HOWARD ZIMMERMAN
STREET ADDRESS		4.3 STREET ADDRESS	9415 S.W. 63rd Court
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

305 442-4600

Daytime Phone #

CR2E034 (11/98)