

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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55 MAY - 1 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Menham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **G22903** (0)  
1. Corporation Name:  
**SUN LIGHT COMPRESSORS INC.**

Principal Place of Business Mailing Address  
**3900 N.W. 32 AVE.  
MIAMI, FL 33142**

2. Principal Place of Business (1-800) 634-7074 2a. Mailing Address  
21. **NEW ADDRESS** 26.  
22. **3900 N.W. 32 AVE., MIAMI, FL 33142** No. Apt. #. etc.  
**PHONE: (305) 634-1248 • FAX: (305) 634-1704**  
23. **MIAMI, FL 33142** City & State **1-(800) 634-7074** City & State  
24. **FL** 25. **DADE** 29. **MIAMI** 30.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/07/1983** 3a. Date of Last Report **06/03/1994**

4. FEI Number **59-2262847** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**

7. This corporation has liability as intangible tax under S. 193.010, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CRUZ, DANIL0  
7232 SW 16TH TERR  
MIAMI FL 33155**

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 607.0802 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. This form shall not be subject to the provisions of Section 607.0805, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
FILE NAME STREET ADDRESS CITY, ST, ZIP	<b>PD CRUZ, DANIL0 7232 SW 16TH TERR MIAMI FL</b>	FILE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, ST, ZIP	<b>VDP GARCIA, ROLANDO 1110 SW 75TH AVE MIAMI FL</b>	FILE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, ST, ZIP	<b>STD PEROU, PEDRO 1041 NW 29 AVE. HIALEAH FL</b>	FILE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, ST, ZIP		FILE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, ST, ZIP		FILE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, ST, ZIP		FILE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not guilty for the wrongdoing stated in Sections 193.010, Florida Statutes. I further certify that the information on this annual report or supplementary 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, together with an address.

SIGNATURE: *Rolando Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROLANDO GARCIA Resident.**

4-25-95 305-6351248