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 # G22903

(0)

SUN LIGHT COMPRESSORS INC.

Principal Place 3900 NW 32 Al MIAMI FL 3314 US	VE	3900 NV	Mailing Address 3900 NW 32 AVE MIAMI FL 33142-5010 US										
									3. Date Incorporated or Qualified 02/07/1983		ate of Last /29/1996		
2. Principal P	lace of Busi	2a. Mail	2a. Mailing Address					4. FEI Number		/	Applied For		
21		26						59-2262847			Not Applicable		
Suite, Apt.	#, etc	n	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required		
City & State	6	27 City	City & State					6 Floring Complete Floring					
23		<u></u> ,	28					Election Campaign Financing Trust Fund Contribution	П		May Be d to Fees		
Zip Country			Zıp				,			as liability for intangible tax under s. 199,032,			
24		25	29		30] Yes [
	9, Name	and Address of Curren	t Registered	Agent		<u> </u>			10. Name and Address of New Re	gistered	Agent		
GAR	ICIA, R.					81	Name						
	S.W. 75	avenue				82	Street	Addres	ss (P.O. Box Number is Not Acceptal	ile)			
MIAI	MI FL 3314	14					Oncor	, , add ex	20 (7 . O. DOX (MILIDO) IS NOT NECOPILIT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						83							
						84	City				85 Zip	p Code	
										FL	• ' '		
11. Pursuant office or ragent. La	to the provis registered as im familiar w	gions of Sections 607,050; genit or both, in the State hith, and accept the obliga	2 and 607.15 of Florida. S ations of, Sec	608, Florida Statu uch change was stion 607,0505, F	utes, the a authorize lorida Sta	above ed by atutes	e-named y the cor s.	d corpo poratio	ration submits this statement for the infinite properties of directors. I hereby acce	ourpose o	f changing sointment a	its registered is registered	
SIGNATURE	Simulates tene	d or printed name of registered age	or and tile if sont	icabic /NC	TF: Florister	ad Ans	eni sonalur	e rea irea	when reinstating)	DATE			
12.		OFFICERS AND			13		or Cognition	c require-	ADDITIONS/CHANGES TO OFFI		D DIRECTO	OBS IN 12	
TITLE	P			DELETE		TITLE	***************************************	Т			Change		
NAME	GARCIA.	ROLANDO F			1,21	NAME							
STREET ADDRESS		W 43RD STREET			1.3:	STREET	ADDRESS						
DiTY+ST+ZIP	MIAMI FI	L 33156			1.41	CITY-S	ST-ZIP						
TITLE	VP			DELETE		TITLE		1			Change	Addition	
NAME	CRUZ, D	ANILO			2.21	NAME						1	
STREET ADDRESS	7232 SV	/ 16TH TERRACE			23	STREET	ADDRESS						
CITY - S1 - ZIP	MIAMI F	L 33155			2 4	CITY	ST-ZIP			2.1			
TITLE	T			DELETE	31	TITLE					Change	Addition	
NAME	PEROU,				321	NAME							
STREET ADDRESS	1	V 16TH TERRACE			3.3	STREET	ADDRESS						
CITY-ST-ZIP	MIAMI F	L 33125			3 4.	CITY-	ST-ZIP					7.111	
TITLE	D			DELETE	4.1	TITLE					Change	Addition	
NAME		ROSA M			4.2	NAME						İ	
STREET ADDRESS		75 AVENUE			4.3	STREET	ADDRESS						
CITY-ST-7:P	MIAMI F	L 33144			4.4	CITY - S	ST-ZIP	↓					
TITLE				☐ DELETE	5.1	TITLE					Change	Addition	
NAME					5.2	NAME							
STREET ADDRESS	ļ				5.3	STREET	ADDRESS	-					
CITY-ST-ZIP	ļ				5.4	CHTY-S	ST-ZIP	1					
TITLE				DELETE	6.1	TITLE		1			Change	e 🔲 Addition	
NAME					6.2	NAME				•			
STREET ADDRESS					6.3	STREET	ADDRESS	1					

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 of 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 12 or block 12 or an attachment with an address. 305-635-1248

FILED

Jan 22 1997 8:00am

Secretary of State