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

PROFIT: **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G22903

· · ·	
Principal Place of Business	Mailing Address
3900 NW 32 AVE MIAMI FL 33142 US	3900 NW 32 AVE MIAMI FL 33142 US

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90133 006 ***150.00

SUN LIG	HT COMPRESSORS INC.									
								(() 		
•	· · ·									
Principal Place	of Business	Mailing Addre	ess							•
3900 NW 32 AV	/E	3900 NW 32 A	IVE							
MIAMI FL 33142	2 "	MIAMI FL 3314	42				DO NOT WRITE I	N THIS S	SPACE	
US		US					3. Date Incorporated or Qualifed			
							02/07/1983			J
2 Principal Of	ace of Business	2a. Mailing A	ddress	-			4. FEI Number		App	lied For
	N.W. 32 Ave	26					59-2262847			Applicable
Suite, Apt. 7		Suite, Apt	. #, etc.				_		\$8.75 AG	
22		27					5. Certifcate of Status Desired	J	Fee Req	uired
City & State	9	City & Sta	ite				6. Election Campaign Financing		\$5.00 N	/ay Be
23 Mian		28					Trust Fund Contribution	J 	Added to	Fees
Zip	Country	Zip		Coun	try		8. This corporation owes the current	year Inta		_
24 3314	+ 2 25	29	[3	30			Personal Property Tax.		_ :	□No
	9. Name and Address of Curre	nt Registered Age	nt				10. Name and Address of New Reg	stered A	gent	
					81	Name	<u></u>			
	CIA, R.			l l	82	Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
	S.W. 75 AVENUE									
AAIM	AI FL 33144			[:	83		•			
					84	City	ur		85 Zip C	ode
						•		FL	1 '	
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508; F of Florida. Such ch ations of, Section 60	lorida Statutes lange was aut 07.0505, Florid	s, the ab thorized da Statut	ove by t	-named corporation	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of c e appoint	hanging its r tment as reg	egistered istered
SIGNATURE								DATE		
12.	Signature, typed or printed name of registered ag	ent and title if applicable. ND DIRECTORS	(NOTE: I	Registered A	lgent	t signature requir	ad when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	P		1 DELETE	1.1 TIR	E	- 	ADDITIONO/OFFERENCE TO COME		Change	Addition
1	GARCIA, ROLANDO F	_	J DC.L.L	1.2 NAA						
NAME	13220 SW 43RD STREET				-	ADDRESS	-			
STREET ADDRESS				1.4 CIT						
CITY-ST-ZIP TITLE	MIAMI FL 33156		DELETE	2.1 TITL		·2IF		-	Change	Addition
i	-Cruz Danilo		Jucce	2.2 NAN			•			
- NAME	7232 SW 16TH TERRACE					ADDRESS	- 1 to 1 t			
STREET ADDRESS	MIAMI FL 33155			2. 4 CIT						
CITY-ST-ZIP TITLE	T T	Г	DELETE	3.1 TITL					Change	Addition
NAME	PEROU, PEDRO	_	=	3.2 NAA						
STREET ADDRESS	1041 NW 16TH TERRACE					ADORESS				
	MIAMI FL 33125			3.4. CIT						
CITY-ST-ZIP	D	Ε	DELETE	4.1 TIT		,			Change	Addition
NAME	GARCIA, ROSA M			4, 2 NA	ME					ļ

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 or changed, or bit an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

☐ DELETÉ

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1110 SW 75 AVENUE

MIAMI FL 33144

NITED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

Addition