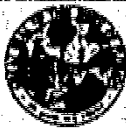


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H04909

(8)

1. Corporation Name

SUNLIGHT TRADING, INC.

Principal Place of Business

**7249 N.W. 36TH CT.
MIAMI FL 33147**

Mailing Address

**7249 N.W. 36TH CT.
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1984

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2412479

Applied For

☐ Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

25

Zip

Country

29

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, MELVIN

10651 NORTH KENDALL DRIVE

MIAMI FL 33176

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

MELVIN WOLFE, ESQ

(NOTE: Registered Agent signature required when re-registering)

DATE

4-21-95

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KATTAN, ABRAHAM**
STREET ADDRESS **9525 SOUTHWEST 144TH ST.**
CITY - ST - ZIP **MIAMI FL**

TITLE **VP**
NAME **KATTAN, RAMI**
STREET ADDRESS **4974 SARAZAN DR.**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **KATTAN, ABRAHAM**
1.3 STREET ADDRESS **20225 W OAK HAVEN CIRCLE**
1.4 CITY - ST - ZIP **MIAMI, FL 33179**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **RAHAMIN KATTAN**
2.3 STREET ADDRESS **4039 LANSING AVE**
2.4 CITY - ST - ZIP **COOPER CITY, FL 33026**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 change is shown in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/95 **705-836-1300**
(Daytime Phone #)