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

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## Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # J76632 (5)SUN ENTERPRISE, INC. Principal Place of Business Malling Address 8414 N.W. 61TH STREET 8414 N.W. 61TH STREET MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/05/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0006833 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ZID Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CAMPO, CYNTHIA 200 NW 135TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33182** 83 City Zip Code 85 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change DELETE TITLE 1,1 TITLE Addition CAMPO, RAFAEL 1.2 NAME NAME 200 NW 135 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE COMPO, CYNTHIA NAME 22 NAME 200 NW 135 AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33182 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ■ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I 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 printal 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 of trustee enhousement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on impatted in the property of the report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on impatted in the property of the report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on impatted in the property of the report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on impatted in the property of the report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on impatted in the property of the report is reported by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on impatted in the property of the

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