

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K62909

(2)

1. Corporation Name

SUNNY LAKES, INC.



Principal Place of Business

Mailing Address

~~515 E. LAS OLAS BLVD.~~
~~060~~
~~FT. LAUDERDALE FL 33301~~
~~06~~

~~515 E. LAS OLAS BLVD.~~
~~060~~
~~FT. LAUDERDALE FL 33301~~
~~06~~

2. Principal Place of Business

2a. Mailing Address

21 700 SE Third Avenue
Suite, Apt. #, etc.

26 700 SE Third Avenue
Suite, Apt. #, etc.

22 Third Floor
City & State

27 Third Floor
City & State

23 Ft. Lauderdale, FL
Zip

28 Ft. Lauderdale, FL
Zip

24 33316 25 USA

29 33316 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

02/02/1989

04/04/1995

4. FEI Number

65-0103891

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13221 Saint Tropez Circle

83

84 City

Palm Beach Gardens

FL

85

Zip Code

33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORIOI, JACK C.
STREET ADDRESS	AVE. PRINCIPAL LOMAS
CITY-STATE-ZIP	CARACAS, VENEZUELA
TITLE	DV
NAME	ORIOI, ALBERTO C.
STREET ADDRESS	CALLE NUNEZ PONTE
CITY-STATE-ZIP	CARACAS, VENEZUELA
TITLE	S
NAME	ORIOI, JOAQUIN T.
STREET ADDRESS	AVE. EL PROGRESO
CITY-STATE-ZIP	CARACAS, VENEZUELA
TITLE	T
NAME	ORIOI, ALEJANDRINE M.
STREET ADDRESS	CORREOS 60124 APARTADO
CITY-STATE-ZIP	CARACAS, VENEZUELA
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13.

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided on this and any 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 in changed, added, or attachment with addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK C. ORIOI

MARCH 6, 1995

CR2E034 (12/95)