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 # L63097

1. Corporation Name
SUNSHINE FREIGHT FORWARDERS, INC.

Principal Place of Business	Mailing Address
8201 NW 70TH ST MIAMI FL 33166 US	8201 NW 70TH ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
04/02/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 8538 N.W 72nd STREET	26 8538 N.W 72nd STREET	65-0189428	

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☒Yes ☐No
24 33166	25 DADE	29 33166	30 DADE	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRADA, JOHNNY 8201 NW 70TH ST MIAMI FL 33166	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 _____
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME PRADA, JOHNNY		1.2 NAME	
STREET ADDRESS 8201 NW 70TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE S ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME PRADA, ANN M		2.2 NAME	
STREET ADDRESS 8201 NW 70TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99   Date
(305) 477-0793   Daytime Phone #

CR2E034 (11/98)