FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **M15156** **(6)**

1. Corporation Name

SUN + SEA ADVERTISING, INC.

Principal Place of Business	Mailing Address
901 SOUTH AMERICA WAY P. O. BOX 019514 MIAMI FL 33101-6514	901 SOUTH AMERICA WAY P. O. BOX 019514 MIAMI FL 33101-6514

3. Date Incorporated or Qualified: **05/09/1985**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **65-0516248** ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVIS, MARK J
901 SOUTH AMERICA WAY
PORT OF MIAMI
MIAMI FL 33132

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	BULGARIDES, PETER C.	
STREET ADDRESS	901 SOUTH AMERICA WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	KATSOUFIS, PARIS G.	
STREET ADDRESS	901 SOUTH AMERICA WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	RIVADENEIRA, IGNACIO	
STREET ADDRESS	901 SOUTH AMERICA WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	KOLK, GLENN G.	
STREET ADDRESS	520 BRICKELL KEY #1606	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	VLASTARA, NIKI M.	
STREET ADDRESS	901 SOUTH AMERICA WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1-1 TITLE	☐ Change ☐ Addition
1-2 NAME	
1-3 STREET ADDRESS	
1-4 CITY-ST-ZIP	
2-1 TITLE	☐ Change ☐ Addition
2-2 NAME	
2-3 STREET ADDRESS	
2-4 CITY-ST-ZIP	
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	

CR2E034 (12/95)

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 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 added on an attachment with an address.

SIGNATURE: _____ 4-22-96 305-358-5122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ignacio Rivadeneira