FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **M29539** **(7)**

1. Corporation Name
SUN INN CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 9:49

Principal Place of Business	Mailing Address
C/O WING-WOR LIU 3045 BISCAYNE BLVD. MIAMI FL 33137	C/O WING-WOR LIU 3045 BISCAYNE BLVD. MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1986
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 59-2655029 — 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

LIU, WING WOR
3045 BISCAYNE BLVD.
MIAMI FL 33137

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 _____ (Signature (typed or printed name of registered agent and, if applicable, the office) (Required: Registered Agent's signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1)		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	LIU, WING WOR	12 NAME		
STREET ADDRESS	12200 SW 94TH ST.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186	14 CITY ST ZIP		
TITLE	DS	21 TITLE	TANG, SIU FUNG	☒ Change ☐ Addition
NAME	TANG, SIU FUNG	22 NAME		
STREET ADDRESS	9887 NW 51 TERRACE	23 STREET ADDRESS	10347 N.W. 56 Ter	
CITY-ST-ZIP	MIAMI FL	24 CITY ST ZIP	MIA FL 33178	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	TANG, FOO	32 NAME		
STREET ADDRESS	101 NW 43RD PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Wing Wor Liu — Jan 12 1995 (305) 5761728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0144010 CP