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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M30344

(9)

SUNSATIONAL VACATIONS, INC.

Principal Place 12540 NE 8TH NO. MIAMI FL	AVE	Mailing Address 12540 NE 8TH AVE NO. MIAMI FL 33161-4965			
				3. Date Incorporated or Qualifie 04/11/1986	d 3a. Date of Last Report 03/28/1996
	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# obe	Suite, Apt. #, etc		59-2676487	Not Applicable
22 Saite, Apri	n, tito	27 Suite, Apr. #, 8tc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ę	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	<i>Ζ</i> ιρ	Country 30	 This corporation has liability for Florida Statutes 	or intangible tax under s. 199.032, Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
	IFOOD, JOAN C.		81 Name		
	40 NE 8TH AVE.		82 Street Ad	ddress (P.O. Box Number is Not Accep	table)
	N.E. 126TH ST. MAMI FL 33161		83		
N· M	MIAMI FL 33101			·····	
ĺ			84 City		FL 85 Zip Code
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation.	of Florida. Such change was a nons of, Section 607 0505, Fl	authorized by the corpo orida Statutes.	orporation submits this statement for th tration's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
12.	Signal in repeater on including in elling detectagen OFFICERS AND		E: Registered Agent signature re		FICERS AND DIRECTORS IN 12
THUE	PD	DELETE	11 TITLE		Change Addition
NAME	MAHFOOD, JOAN C.		1.2 NAME		Ì
STREET ADDRESS	1900 N.E. 118TH RD.		1.3 STREET ADDRESS		į
CHY-ST-ZIF	N. MIAMI FL	DELETE	1.4 CITY - ST - ZIP		The Change of the Latition
TITLE NAME			2.1 TITLE 2.2 NAME		Change L Addition
STREET ADDRESS			2.3 STREET ADDRESS		ì
CITY - S1 - ZIP			2. 4 CITY-ST-ZIP		Į
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	<u> </u> 		3 3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAMI		LJ bittie	4. 2 NAME		Onlings Regulari
STREET ADDRESS			4.3 STREET ADDRESS		
CHY+S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - S1 - 7/P		D or ere	5.4 CITY-ST-ZIP		
Title		DELETE	6.1 TITLE		Change Addition
NAME OTDES LADIDOLOG			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 City - St - ZIP		

14. I do 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 in the 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 13 if changed or on an attachment with an address

SIGNATURE:

FILED

Jan 27 1997 8:00am

Secretary of State

0218996