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95 MAY -1 AM 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Division of Corporations

DOCUMENT # M57207 (6)

1. Corporate Name

SUNNY DREAMS POOLS & SPAS INC.

Principal Place of Business

13285 SW 124TH STREET
MIAMI FL 33186

Mailing Address

13285 SW 124TH STREET
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1987

3a. Date of Last Report: 06/16/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 25 / 29 / 30

4. FEI Number: 59-2831316 — 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. The corporation is subject to intangible tax under Chapter 199, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CADAVID, RODRIGO H.
13285 SW 124TH STREET
MIAMI FL 33186

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 607.0505 and 607.0508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CADAVID, RODRIGO H.
STREET ADDRESS	13285 SW 124TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	CADAVID, MIRIAM
STREET ADDRESS	13285 SW 124TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	S
NAME	CADAVID, MAURICIO
STREET ADDRESS	13285 SW 124TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	T
NAME	CADAVID, JAVIER
STREET ADDRESS	13285 SW 124TH STREET
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check ☐ Change ☐ Add)

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and accurate and that my signature shall serve 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attached exhibit, as such officer or director.

SIGNATURE: [signature] 3-31-95

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

0203765 CP