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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90009 009 ***300.00

DOCUMENT # M57207 1. Corporation Name

officer or director of the corporation or the ru Block 12 or Block 13 if changed, or an anal

SIGNATURE:

SUNNY DREAMS POOLS & SPAS INC.

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Principal Place	of Business	Mailing Address				., .se: 41611 515	5:01: 21911 9	grant 1881
13285 SW 124TI		13285 SW 124TH STREET						
MIAMI FL 33186		MIAMI FL 33186		DO NOT WRITE IN THIS SPACE				
 					3. Date Incorporated or Qualifed	L 114 11113 3	A AUC	
					08/12/1987			
2 Principal Pla	ace of Business	2a. Mailing Address			4, EEI Number		- Ap	plied For
21		26	سہ: ۵۰۰ مہ		59-2831316			t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. Certifcate of Status Desired		Fee Re	quired
City & State	,	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	L]	Added t	o Fees
Zip	Country	Zip	Counti	у	8. This corporation owes the curre			_
24	25	29	30		Personal Property Tax.		☐ Yes	□No
	Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered A	gent	
045	N		8	1 Name				
	AVID, RODRIGO H.			2 Street Addi	fress (P.O. Box Number is Not Acceptable)			
l	5 SW 124TH STREET			1				
MIAM	11 FL 33186		8	3				
			8	4 City			85 Zip (Code
			i	1		FL	1 1	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named corr	poration submits this statement for the on's board of directors. I hereby accep	purpose of c	:hanging.its. tment as rei	<u>registered</u> aistered
	egistered agent, or both, in the State	ui riutiua. Sucii ciialiye was au	IIIOIIZeu D	y tile corporati	ion's board of directors. Thereby accep	t tile oppoint	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9.0.0700
office or re agent. I an	n familiar with, and accept the obliga-	tions of, Section 607.0505, Flori	ida Statute	es.				
agent. I an	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statute	es.				
agent. I an	m familiar with, and accept the obligation of the obligation of the state of the st	it and title if applicable. (NOTE: 1	Registered Ag	ent signature require		DATE		
agent. I an	m familiar with, and accept the obligation of registered agentical of the obligation	at and title if applicable. (NOTE: ID DIRECTORS	Registered Ag	ent signature raquire	ed when reinstating) ADDITIONS/CHANGES TO OFF			
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