SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90015 027 ****61.25

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DOCUMENT # N94000001771

1. Corporation Name

SUN BEAM COMMUNITY DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
3510 BISCAYNE BLVD. SUITE 200 MIAMI FL 33137	11330 S.W. 115TH TERR. MIAMI FL 33176

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/11/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0514712 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOGHADDAM, ANVAR B 11330 S.W. 115TH TERR. MIAMI FL 33176	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOGHADDAN, ANVAR		1.2 NAME		
STREET ADDRESS	11330 SW 115TH TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	CMD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, MARY D		2.2 NAME		
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RILO, NORA M.		3.2 NAME		
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BASHIRI, ADEL		4.2 NAME		
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KHATIBI, MOSHEN		5.2 NAME		
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		5.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BASHIRI, BEHNAM		6.2 NAME		
STREET ADDRESS	11330 SW 115 TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7-15-99 305-576-3984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)