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

PROFIT · CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P34917

1. Corporation Name

SUNBURST FARMS, INC.

		_	
Principal	Place	of	Business

Mailing Address

## **FILED** Mar 25, 1999 8:00 am **Secretary of State**

03-25-1999 90061 010 \*\*\*150.00



Fillipai Flace		Mailing Address							
2200 N.W. 70TH AVE. 2200 N.W. 70TH AVE.									
MIAMI FL 33122	2	MIAMI FL 33122			DO NOT WRITE IN THIS S	PACE			
	•				3. Date Incorporated or Qualifed				
	•				07/30/1991		i		
2 Principal DI	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
<u> </u>	ace of business	PO Box 5132			77-0175155	J	Not Applicable		
21 Suite Ant	20					Additional			
				5. Certifcate of Status Desired	<b>+ -</b>	Required			
22	22 27 A2-3 City & State City & State			6 Floring Compaign Financing	\$5.00	0 14 Pa			
					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23	28 Westlake Village.								
Zip	Country	Zip Country 29 91359-5132 30 USA			8. This corporation owes the current year Intangible  Personal Property Tax  Yes No				
24	25		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent						
	9. Name and Address of Current	Registered Agent	81	Name	To. Name and Address of Now Registered A	gent			
FREEMAN, STEPHEN A.			١٠.	Corporation Service Company					
			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	BRICKELL KEY DR., 0-305		<u> </u>	1201	1 Hays Street				
MIA	VII FL 33131		83						
			84	City		85 Zip	Code		
ļ	•		.	Talla	ahassee FL	32	2301		
11. Pursuant	to the provisions of Sections 607.0502	≥ and 607.1508, Florida Statutes, f	the abov	e-named	corporation submits this statement for the purpose of c	hanging i	ts registered		
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corpo	pration's board of directors. I hereby accept the appoint	ment as	registered		
		ions or, decilon our lobbs, i londa	Oldibloo	•			ļ		
SIGNATURE	(See Attached) Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Age	nt signature P	equired when reinstating) DATE				
12.	OFFICERS AN		13.	_ <u></u>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE			Change	Addition		
NAME	SAN MIGUEL, SERGIO	n e	1.2 NAME	ļ			Į.		
	2200 N.W. 70TH AVE.			T ADDRESS			İ		
STREET-ADDRESS	MIAMI FL 33122		1.4 CITY-S				Í		
CITY-ST-ZIP	D D	☐ DELETE	2.1 TITLE	1-21	D/D	Change	Addition		
TITLE	YALDEO OCNO	- Deterie		}	D/F		A-3		
NAME	VALDES, GENO	2.2 NAME			(Geno Valdes)		. \$		
STREET ADDRESS	2200 N.W. 70TH AVE.			TADDRESS					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP		Change	N Addition		
TITLE	SD	X) DELETE	3.1 TITLE		D/S	☐ Change	e 🗶 Addition		
NAME	Freeman, Stephen A.	l l	3.2 NAME	i	Tibbitts, J. Brett	:			
STREET ADDRESS	520 BRICKELL KEY DR.	l l	3.3 STREE	TADDRESS	31365 Oak Crest Drive				
CITY-ST-ZIP	MIAMI FL	<b>}</b>	3.4. CITY-	ST-ZIP	Westlake Village, CA 91361-4				
TITLE		☐ DELETE	4.1 TITLE		D	☐ Chang	e 🔀 Addition		
NAME		i	4. 2 NAME		DeLorenzo, David A.				
STREET ADDRESS	:	l l	4.3 STREE	TADORESS	31365 Oak Crest Drive		Į		
CITY-ST-ZIP		J	4.4 CITY-S		Westlake Village, CA 91361-4	634			
TITLE		☐ DELETE	5.1 TITLE			Change	e X Addition		
			5.2 NAME		V/AT  Perrigo, David <sub>:</sub> W.		- A-		
NAME		,		T ADDRESS	31365 Oak Crest Drive		\		
STREET ADDRESS		J	5.4 CITY-S		Westlake Village, CA 91361-4	634			
CITY-ST-ZIP		\[ \tag{\tau} \] DELETE	6.1 TITLE			☐ Chang	e 🔯 Addition		
TITLE		U VELE1E	0.1 MILE		l T		· Mingraphi		

14. It 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 607, 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: David W. Perri SIGNATURE AND TYPED OR PRINTED NAME OF 2/8/99

Potillo, Beth

31365 Oak Crest Drive

818-879-6600