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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



DOCUMENT # P920000

SUNBELLE CORP.

| )O | 5582 (1)  |  |
|----|---|--|
|    | Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS | Apr 08 1998 8:00am<br>Secretary of State |
| `  | FLORIDA DEPARTMENT OF STATE                                     | ]00 1000 0.00                            |

FILED

E CARILARI (LE CRISE CION DUEL BOIL GOIS) DELL BUILL BAIRE BILD (CAR CARL SADE

|   |   |  |   |   |   |                                      |                                |  |                        | 1   |  |                                |                    |                                |                    |                         |  |  |
|---|---|--|---|---|---|--------------------------------------|--------------------------------|--|------------------------|---|--|--------------------------------|--------------------|--------------------------------|--------------------|-------------------------|--|--|
| Principal Place of Business Mailing Address   |   |  |   |   |   |                                      |                                |  |                        | 1   | 1 18 0 1 10 0 1 1 1 1 1 1 1 1 1            | IDIN DUNKI RIPIAN QI           | ULUI WURIH UUI     | er andi di                     |                    |                         |  |  |
| 1444 BISCAYNE BLVD.<br>STE. #220 M<br>MIAMI FL 33132  |   |  |   | 1444 BISCAYNE BOULEVARD<br>UNIT 220-M<br>MIAMI FL 33132 |   |                                      |                                |  |                        | o not writ  |  | SPACE                          |                    |                                |                    |                         |  |  |
| US  |   |  |   |   |   |                                      |                                |  |                        | 3. Date Incorporated or Qualified   |  |                                |                    |                                |                    |                         |  |  |
| <b>6</b> 0-12-22-1-0  | ( D   |  | 1 0   |   |   |                                      |                                |  |                        | <del>  _</del>  | <u>11/16/1992</u>                          |                                |                    |                                |                    |                         |  |  |
| 2. Principal Pl   | ace or Busil                                  | 10SS   | ·   | n. Mailing A<br>I                                       | boress                                    |                                      |                                |  |                        | <sup>4</sup> '  | FEI Number                                 |                                |                    | -                              | <del></del>        | olied For               |  |  |
| Suite Ant   | # etc   | -T   | 26  | Suite, Apt. #, etc.                                     |   |                                      |                                |  |                        |   | 65-0378522                                 |                                |                    | 60                             |                    | Applicable              |  |  |
| Suite, Apt. #, etc.   |   |  | 27  | 27  |   |                                      |                                |  |                        | Б.  | Certificate of Statu                       | us Desired                     |                    | \$8.75 Additional Fee Required |                    |                         |  |  |
| City & Stale  |   |  | L   | City & State  |   |                                      |                                |  |                        | 6. Election Campaign Financing  |  |                                | _                  | \$5.00 May Be                  |                    |                         |  |  |
| 23  |   |  | 28  | 28  |   |                                      | ountru.                        |  |                        | +   | Trust Fund Contrib                         |                                |                    |                                |                    | Fees                    |  |  |
| Zip Country   |   |  | 200   |   |   |                                      | country                        |  |                        | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No |  |                                |                    |                                |                    |                         |  |  |
| 24 25 9. Name and Address of Curren   |   |  |   |   |   |                                      | 1                              |  |                        | Personal Property Tax due June 30. Yes 25 No  10. Name and Address of New Registered Agent                  |  |                                |                    |                                |                    |                         |  |  |
| EAC   |   |  |   |   | ··  |                                      | 81                             | Nai  | ne                     |   |  |                                |                    |                                |                    |                         |  |  |
| FASEL, HORST G  |   |  |   |   |   |                                      |                                |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| 1444 BISCAYNE BLVD<br>SUITE 220<br>MIAMI FL 33132   |   |  |   |   |   |                                      | 82                             | Street Address (P.O. Box Number is Not Acceptable) |                        |   |  |                                |                    |                                |                    |                         |  |  |
|   |   |  |   |   |   |                                      | 83                             | <del>                                     </del>   |                        |   |  |                                |                    |                                |                    |                         |  |  |
| WILLS   | mi 1 L 00 K                                   | <i>74.</i>   |   |   |   |                                      | L                              |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| <ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statu office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, F</li> </ol> |   |  |   | 84  |   |                                      |                                |  |                        | FL  | <b>85</b>                                  | Zip C                          |                    |                                |                    |                         |  |  |
| 11. Pursuant to<br>office or re<br>agent. Lar   | to the provis<br>egistered ag<br>m familiar w | ions of Sections 607<br>jent, or both, in the S<br>ith, and accept the c | .0502 and (<br>State of Flor<br>obligations ( | 607.1508, F<br>ida, Such c<br>of, Section 6             | lorida Statu<br>hange was<br>307.0505, Fl | tes, the a<br>authoriz<br>lorida Sta | above<br>ed by<br>atute:       | e-nan<br>/ the o<br>s.                             | ed corpo<br>corporatio | oration<br>on's bo  | n submits this state<br>oard of directors. | ement for the<br>I hereby acce | purpose opt the ap | of chang<br>pointme            | ing its<br>nt as r | registered<br>egistered |  |  |
| SIGNATURE   |   |  |   |   |   |                                      |                                |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
|   | Signature, typed                              | for printed name of registere  |   |   | (NO                                       |                                      |                                | ni sign  | ature required         |   |  |                                | DATE               |                                |                    |                         |  |  |
| 12.   |   | OFFICERS   | AND DIRE                                      |   | 1 pri ere                                 | 13                                   |                                |  | <del></del>            | A   | DDITIONS/CHAN                              | GES TO OFF                     | ICERS AN           |                                |                    |                         |  |  |
| TITLE   | PVTS DELETE                                   |  |   | DECETE  |   | 1.1 TITLE                            |                                |  |                        |   |  |                                | L_ Ch              | ange                           | ■ Addition         |                         |  |  |
| HORST, FASEL G  |   |  |   | 000   |   |                                      | NAME                           |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| I   | STREET ADDRESS 1444 BISCAYNE BLVD SUITE       |  |   | 220   |   |                                      | 1.3 STREET ADDRESS             |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| CITY-ST-ZIP   | MAIMI F                                       | L  |   |   | DELETE                                    |                                      | CITY - S                       | T-ZIP  | $\rightarrow$          |   |  |                                |                    | ☐ Cha                          |                    | Addition                |  |  |
| TITLE   | DCM   | EACEL O  |   | L-  | DELETE                                    |                                      | TITLE                          |  |                        |   |  |                                |                    |                                | มานูช              | L Addition              |  |  |
| NAME  |   | FASEL G  | ITE AAA                                       | 000   |   |                                      | 2.2 NAME                       |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| 1   | STREET ADDRESS 1444 BISCAYNE BLVD SUITE 22    |  |   |   |   |                                      | 2.3 STREET ADDRESS             |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| CITY-ST-ZIP   | MIAMI FL DELETE                               |  |   |   | _   | 2.4 CITY+ST-ZIP<br>3.1 TITLE         |                                |  |                        |   |  |                                | ☐ Cha              |                                | Addition           |                         |  |  |
| NAME  |   |  |   | _   | Detete                                    |                                      |                                |  |                        |   |  |                                |                    |                                | u-No               | Australi                |  |  |
| I.  | ADDOCCO.                                      |  |   |   |   |                                      | 3.2 NAME<br>3.3 STREET ADDRESS |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| STREET ADDRESS  |   |  |   |   |   |                                      |                                |  | 55                     |   |  |                                |                    |                                |                    |                         |  |  |
| CITY-ST-ZIP<br>TITLE  |   |  |   |   | DELETE                                    |                                      | TITLE                          | ST-ZIP   |                        |   |  |                                |                    | ☐ Cha                          | Inge               | Addition                |  |  |
| NAME  |   |  |   | <u> </u>  | , ottere                                  |                                      | NAME                           |  |                        |   |  |                                |                    |                                | Qu                 | исвиня                  |  |  |
| STREET ADDRESS  |   |  |   |   |   |                                      |                                | ADDRE  | ec                     |   |  |                                |                    |                                |                    |                         |  |  |
| 1   |   |  |   |   |   |                                      |                                |  | ~                      |   |  |                                |                    |                                |                    |                         |  |  |
| CITY-ST-ZIP<br>TITLE  |   | ······································                                   | ******  | · · · · <del> </del>                                    | DELETE                                    |                                      | CITY-S<br>TITLE                | 11-41F   |                        |   | ·  |                                |                    | Chá                            | inge               | Addition                |  |  |
| NAME  |   |  |   | -   |   |                                      | NAME                           |  |                        |   |  |                                |                    |                                | 4-                 |                         |  |  |
| STREET ADDRESS  |   |  |   |   |   |                                      |                                | ADDRE  | ee                     |   |  |                                |                    |                                |                    |                         |  |  |
| CITY-ST-ZIP   |   |  |   |   |   |                                      | CITY - S                       |  | - I                    |   |  |                                |                    |                                |                    |                         |  |  |
| TITLE   |   |  |   |   | DELETE                                    |                                      | TITLE                          | 11- ZIP  | +                      |   | · · · · · ·                                |                                |                    | ☐ Cha                          | nae                | Addition                |  |  |
| NAME  |   |  |   |   | : •                                       |                                      | NAME                           |  |                        |   |  |                                |                    |                                |                    |                         |  |  |
| STREET ADDRESS  |   |  |   |   |   |                                      |                                | ADDRE  | 66                     |   |  |                                |                    |                                |                    |                         |  |  |
| OTTLET NUMBERS  |   |  |   |   |   | 0.3                                  | ainEE I                        | AUUTIL   | 33                     |   |  |                                |                    |                                |                    |                         |  |  |

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 copporation 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 charged, or on an attackment with an address.

SIGNATURE:

\*\*Comparison\*\*

\*\*Comparison\*\*