

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90039 027 ***150.00

DOCUMENT # P92000005582

1. Corporation Name
SUNBELLE CORP.

Principal Place of Business

**1444 BISCAYNE BLVD.
STE. #220 M
MIAMI FL 33132**

Mailing Address

**1444 BISCAYNE BOULEVARD
UNIT 220-M
MIAMI FL 33132
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

4. FEI Number

65-0378522

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 555 NE 15 STREET

26 555 NE 15 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 100

27 SUITE 100

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

24 33132 25 USA

Zip

Country

29 33132 30 USA

9. Name and Address of Current Registered Agent

**FASEL, HORST G
1444 BISCAYNE BLVD
SUITE 220
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name

FASEL, HORST G.

82 Street Address (P.O. Box Number is Not Acceptable)

555 NE 15 STREET

83

SUITE 100

84

MIAMI

FL

85 Zip Code 33132

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME PVTS
HORST, FASEL G
STREET ADDRESS 1444 BISCAYNE BLVD SUITE 220
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**NAME DCM
HORST, FASEL G
STREET ADDRESS 1444 BISCAYNE BLVD SUITE 220
CITY-ST-ZIP MIAMI FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME PVTS
HORST, FASEL G.
1.3 STREET ADDRESS 555 NE 15 STREET
1.4 CITY-ST-ZIP MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME DCM
HORST, FASEL G.
2.3 STREET ADDRESS 555 NE 15 STREET
2.4 CITY-ST-ZIP MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)