SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000005503 (6)

SUNTRAX INTERNATIONAL, INC.

Mailing Address

PO BOX 1028 2001 NW 15TH AVE POMPANO BEACH FL 33069

KEY LARGO FL 33037

2. Principal Place of Business S150 SW 48 WA 2a. Mailing Address 26 Suite. Apt. #, etc.

Suite, Apt #, etc. City & State City & State 28

23 DAVIE

FILED Aug 05 1996 8:00 am

Secretary of State

3. Date Incorporated or Qualified

01/25/1993

65-0385881

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required **\$5.00** May Be

Added to Fees

Not Applicable

04/24/1995

	214		در) <u>د</u>	-			}	30	JOUHERY		.		nis corp Iorida S		nas nau	Juliy 10	Yes		No.	01310	3 03.		
9. Name and Address of Current Registered Agent								30	-т			10. Name and Address of New F					Registered Agent						
	9. Maille	anu At	duress of Currer	II IIC	giatered	Agun	·		81	Name													
PEGRAM, G. RANDALL 167 INDIAN MOUNT TRAIL																							
									82	82 Street Address (P.O. Box Number is Not Acceptable)													
TAVANIER FL 33070									83														
																		1					
									84	City								FL │	85	Zip Co	de		
44 5	- 1727		Sections 607.050	12.00	6 607 1E	ne Ele	vida Statuta	e the	above	-named	comora	ation s	submits	this sta	tement f	or the	Dilloss	of ch	L angir	q its re	gister	ed	
off.co or re	spictared as	nant or	Sections 607.050 both, in the State accept the oblig	പെട	onda Su	ich chi	ande was au	unkor.	zea by	me cord	oration'	's boa	ird of dir	rectors	Lhereby	у ассе	pt the a	ppoint	rient	ās regi	stered	d	
SIGNATURE								76.3	all and A no	n signatur	economical i	a har ta	orstatorn)				DA	l E					
	Signature type	d or protect	Liranie of registered ag OFFICERS AN				(14016		13.	: 1 2/D 14/19/19	- red-ine :			NS/CHA	NGES T	O OFF	ICERS	AND D	IREC	TORS	N 12		
12.	Đ		OFFICE NS AC	N.J. D.	THE COTOR	ŤΠ	DELETE		1.1 TITLE		Τ									inge.		idition	
TITLE	PECDA.	M G 1	RANDALL						1 2 NAME														
NAME			OUND TRAIL							ADDRESS													
STREET ADDRESS	TAVER							- 6	1.4 CITY - 5														
CITY-SI-ZIP TITLE	VP	NICH F	<u> </u>			П	DELETE		2 1 THLE	,, 211									Ch	enge	Ad	Idition	
	PEGRA	14 DDI	AN					1	2 2 NAME													1	
NAME STREET ADDRESS			OUNT TRAIL							ADDRESS												İ	
	TAVER							ı	2 4 CiTy -	ST-7IP	ļ												
CITY - ST - ZIP TITLE	ST	MILT I	<u> </u>				DELETE		3 1 TITLE										Ch	ange	Ac	dition	
NAME	PEGRA	A44 44A	RV					1	3.2 NAME														
STREET ADDRESS			OUND TRAIL						3 3 STREE	T ADORESS													
CITY-ST-ZIP	TAVER							ł	34 City-	ST - ZIP	ļ												
TITLE	INTER	<u> </u>	''				DELETE	1	4.1 THLE									Ĺ	Ch	ange [_	Ac	dition	
NAME								-1	4 2 NAME		1												
STREET ADORESS								- 1	4 3 STREE	1 ADDRESS													
CITY-ST-ZIP								1	4 4 CITY -	ST - ZIP	1										_		
TITLE							DELETE		5.1 THLE									L.) Cr	ange	A	ddition	
NAME								ŀ	5 2 NAME													- 1	
STREET ADDRESS								ı	5.3 STREE	i address	i												
CITY-ST-ZIP									543 Y	ST-ZIP									_				
TITLE							DELETE	1	6 1 1 FLE									L] Cr	ange [_ A:	ddition	
NAME								Į	6.2 I AME														
STREET ADDRESS									6.33 HER	1 ADDRESS												ĺ	
A.T. GT 3:0									6.4 Y	ST - ZIP	<u> </u>												
44 Ldo horo	by certify th	hat the in	iformation suppli	ed w	th this fil	ing is report	voluntarily fu	ırı si erital	redicted annual	does no	it qualify true an	fy for thind acc	he exerr curate a	iption s nd that	tated in my sign	Sectional Section Sect	iri 119.0 shall nav	7(3)(k) /e the :	, Flor same	ida Sta Tegal ε	utes ffect i	i as if	
madaun	dor nath th	at Lam	an officer or direc	ctor c	I the coo	ooralid	nnox the rec	العراق	zor ∎ast	ec empo dress	owered	to exe	ecute thi	is repor	t as requ	fied b	у Сһар	ter 617	, Ho	ida Sta	tutes.	, and	
that my n	name appea	ars in B	ock 12 or Block 1	3 π Ç! '	iaciped.	۱۱ (۱۱ و سسست	an artacorne								al.	/		2	-/	15-1	10.		
				_	/	The								·	1150	100		~~	. 7	. 7	"	1/	