

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000007350 (0)
1. Corporation Name
SUN CIRCLE INTERNATIONAL CORPORATION



Principal Place of Business Mailing Address
15241 SW 80 ST SUITE 309 MIAMI FL 33193 US
15241 SW 80 ST SUITE 309 MIAMI FL 33193 US

DO NOT WRITE IN THIS SPACE

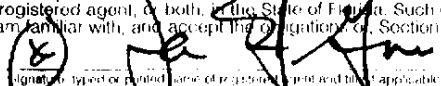
2. Principal Place of Business 2a. Mailing Address
21 7520 S.W. 158 CT. 26 7520 S.W. 158 CT.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MIAMI, FL. 28 MIAMI, FL.
24 Zip 25 Country 29 Zip 30 Country
33193 US 33193 US

3. Date Incorporated or Qualified
01/29/1993
4. FEI Number Applied For
65-0387213 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GARCIA, JOSE HUMBERTO
15241 SW 80 STREET, SUITE 309
MIAMI FL 33193

10. Name and Address of New Registered Agent
81 Name
JOSE HUMBERTO GARCIA
82 Street Address (P.O. Box Number is Not Acceptable)
7520 S.W. 158 CT.
83
84 City MIAMI FL 85 Zip Code 33193

11. Pursuant to the provisions of Sections 607.002 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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GARCIA, JOSE HUMBERTO	
STREET ADDRESS	15241 SW 80 STREET, SUITE 309	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE HUMBERTO GARCIA	
1.3 STREET ADDRESS	7520 S.W. 158 CT.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33193	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	100002532411	
5.4 CITY-ST-ZIP	-05/22/98--01006--012	
6.1 TITLE	***150.00	
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.

SIGNATURE: 

CR2E034 (10/97)