05-04-1999 90194 034 \*\*\*150.00

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000024699

1. Corporation Name

SUNNY SOUTH INVESTMENTS, INC.

Principal Place of Business Mailing Address						T TEOLOGOU (10 1010) ENTRY OBJAN CONT OBJAN CONTROL STATE OFFIC PORTS TOOL
701 BRICKELL	AVENUE	701 BRICKELL AVENUE	OI BRICKELL AVENUE			
SUITE 850		SUITE 850				DO NOT WRITE IN THIS SPACE
MIAMI FL 33131		MIAMI FL 33131				3. Date Incorporated or Qualifed
						04/02/1993
2 Principal Pl	are of Business	2a. Mailing Address				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Addres						65-0406285 Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	te, Apt. #, etc.			\$8.75 Additional	
22	27				5. Certificate of Status Desired Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes SNo
	9. Name and Address of Currer	nt Registered Agent		٠		10. Name and Address of New Registered Agent
				81	Name	
SULLIVAN, JOHN F JR				82	Street /	Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE						
	E 850			83		
MIAMI FL 33131				84	City	85 Zip Code
					- ,	FL
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	•					required when reinstalling)  DATE
	Signature, typed or printed name of registered age		Registere 13		t signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	_	TITLE	Т	X Change Addition
TITLE	DPST	□ осесть				
NAME SANTOS, EDUARDO		^	1.2 NAME 1.3 STREET ADDRESS		. + 5 0 0 5 0 0	701 Brickell Avenue, Suite 850
STREET ADDRESS 801 BRICKELL AVE. SUITE 85		U	1			
CITY-ST-ZIP	MIAMI FL 33131		_	1.4 CITY-ST-ZIP 2.1 TITLE		Miami, FL 33131
TITLE	<b>VI</b>					
NAME.	( 1 000000, 11101000000			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS 701 BRICKELL AVENUE SUITE		; 830				
CITY-ST-ZIP			CITY-S	1-212	☐ Change ☐ Addition	
TITLE			NAME			
NAME						
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY- ST- ZIP			
CITY-ST-ZIP TITLE	·	☐ DELETE	_	TITLE	1-212	☐ Change ☐ Addition
			NAME			
NAME	i					
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			CITY-S' TITLE	I - ZIP	☐ Change ☐ Addition	
		( VECE1E	5.2 NAME			
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZtP	Decem		_	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE				NAME		
NAME !			0.21	- uril.		1

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 of 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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Eduardo Santos

4/28/99

(305) 381-8340

Daytime Phone #