FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000058739 (2)**

1. Corporation Name
SUNSET ACCOUNTING CONSORTIUM, INC.

Principal Place of Business
~~1533 SUNSET DR~~
~~SUITE 150~~
~~CORAL GABLES FL 33143~~
moved to → SAME

Mailing Address
7700 N KENDALL DR
#505
MIAMI FL 33156
US

2. Principal Place of Business
21 7700 N Kendall Drive
Suite, Apt. #, etc.
22 # 505
City & State
23 Miami, Fl
Zip 24 33156
Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29
Country 30

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0417127 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SMITH DONALD A
7700 N KENDALL DR #505
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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] Ivette Fernandez — DATE: 2/26/96

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	SMITH DONALD A	
STREET ADDRESS	7700 N KENDALL DR #505	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☐ DELETE
NAME	FERNANDEZ IVETTE	
STREET ADDRESS	7700 N KENDALL DRIVE #505	
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
☐ Change ☐ Addition (×6, blank)

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Ivette Fernandez — 2/26/96 — 305-274-1400.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone