

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000075780 (5)**

1. Corporation Name
SUNBEAM ENTERPRISES, INC.



Principal Place of Business
**3655 NW 87TH AVENUE
790 E BROWARD BLVD #982
MIAMI FL 33178
US**

Mailing Address
**% ACCOUNTING & BUSINESS CONSULTANTS INC
790 E BROWARD BLVD #302
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified 11/02/1993	3a. Date of Last Report 02/27/1995
4. FEI Number 65-0445849	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 3655 NW 87 Ave. Street, Apt. #, etc.	26. _____ Street, Apt. #, etc.
22. _____ City & State	27. _____ City & State
23. Miami, Fl City & State	28. _____ City & State
24. 33178 Zip	29. _____ Zip
25. USA Country	30. _____ Country

9. Name and Address of Current Registered Agent

**OVERINGTON, ALISON
3655 NW 87TH AVE
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. _____	
84. City	

11. Pursuant to the provisions of Sections 607.07(1) 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 607.06(6), Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent (print name and date) _____
Signature of Officer or Director (print name and date) _____

12. OFFICERS AND DIRECTORS

1. NAME	<input type="checkbox"/> DELETE
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	<input type="checkbox"/> DELETE
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	<input type="checkbox"/> DELETE
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	<input type="checkbox"/> DELETE
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	<input type="checkbox"/> DELETE
14. STREET ADDRESS	
15. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form 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. This is 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 added in agreement with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 26/2/96 305 616
Date: 4/3/96

CR2E034 (12/95)