

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 # P94000028302 (5)

1. Corporation Name

SUNSET CRUISE AGENCY INC.



Principal Place of Business

2972 A AVENTURA BLVD
205
NORTH MIAMI BEACH FL 33180
US

Mailing Address

2972 A AVENTURA BLVD
NORTH MIAMI BEACH FL 33180
US

2. Principal Place of Business

21 2972 A Aventura Blvd
Suite, Apt. #, etc. #403

City & State

23 N. Miami FL

Zip

24 33180

Country

25 Dade

2a. Mailing Address

26 2972 A Aventura Blvd
Suite, Apt. #, etc. #403

City & State

28 Aventura FL

Zip

29 33180

Country

30 Dade

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

04/24/1995

4. FLE Number

65-0482114

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

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, typed or printed name of registered agent and term (applicable)

(If "Sole" Registered Agent, signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEVITO, LINDA
STREET ADDRESS 11812 NE 14TH AVENUE
CITY-STATE-ZIP NORTH MIAMI FL 33161 ☐ DELETE

TITLE SD
NAME BELLITTO, MARY
STREET ADDRESS 360 - 190TH STREET
CITY-STATE-ZIP MIAMI BEACH FL 33160 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

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NAME
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CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA DEVITO 4-1-96 3059332919

CR2E034 (12/95)