

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

FILED
Apr 04 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 SUITE 403 NORTH MIAMI BEACH FL 33180 US | Mailing Address 2972 A AVENTURA BLVD SUITE 403 NORTH MIAMI BEACH FL 33180-3103 US |
|--|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 205 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. Suite 205 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 04/11/1994 | 3a. Date of Last Report 04/09/1996 |
| 4. FEI Number 65-0482114 | 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

DEVITO, LINDA
11812 NE 14TH AVENUE
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

| | |
|---|----------|
| 81 Name | 85 |
| 82 Street Address (P.O. Box Number is Not Acceptable) 16727 SW 5 Way | |
| 83 City Fort Lauderdale FL | |
| 84 City FL | 85 33326 |

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 type: 3 for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DEVITO, LINDA | |
| STREET ADDRESS | 11812 NE 14TH AVENUE | |
| CITY - ST - ZIP | NORTH MIAMI FL 33161 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BELLITTO, MARY | |
| STREET ADDRESS | 360 - 190TH STREET | |
| CITY - ST - ZIP | MIAMI BEACH FL 33180 | |
| 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 16727 SW 5 Way |
| 1.4 CITY - ST - ZIP | Fort Lauderdale FL 33326 |
| 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 | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)