

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 # P94000037329 (7)

1. Corporation Name

SUNSET EXPRESS, INC.



Principal Place of Business

11320 S.W. 46TH STREET
MIAMI FL 33165

Mailing Address

11320 S.W. 46TH STREET
MIAMI FL 33165

3. Date Incorporated or Qualified
05/13/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 7949 E. Rustic Trail
Suite, Apt. #, etc.

2a. Mailing Address

26 7949 E. Rustic Trail
Suite, Apt. #, etc.

4. FEI Number
65-0499026

Applied For
Not Applicable

22 City & State

23 INVERNES, FLA.
Zip Country

27 City & State

28 INVERNES, FLA.
Zip Country

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

24 34453

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29 34453

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASEY, ROBERT D S
11320 S.W. 46TH STREET
MIAMI FL 33165

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 title (if available)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	CASEY, ROBERT D	11320 S.W. 46TH STREET	MIAMI FL 33165	<input type="checkbox"/>
		7949 E. Rustic Trail	INVERNES, FLA.	<input type="checkbox"/>
			34453	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 amendment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 247-4849

CR2E034 (12/95)