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

**CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000044808 (1)

SUNSHINE BLOODSTOCK, INC.

## **FILED** May 28 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address								
22760 MANDEVILLE PLACE. # D		22760 MANDEVILLE PLACE. # D								
BOCA RATON FL 33433		BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				7
						06/15/1994				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	-		Applied For	┨
21		26				65-0518200			Not Applicable	<u>,  </u>
Suite, Apt. 4	#. elc.	Suite, Apt. #, etc.						<del></del>	5 Additional	7
22	n, gto.	27			5. Certificate of Status Desired		,	Required		
City & State	<u> </u>	City & State			6. Election Campaign Financing		\$5.0	00 May Be	┪	
23	•	28			Trust Fund Contribution			ed to Fees		
Zip	Country	Country Zip Cou				8. This corporation owes or has paid	the curr			_
24	25	29	30			Personal Properly Tax due June 30.  Yes No				
9. Name and Address of Current		J				10. Name and Address of New Registered Agent				
101	RGE J. AMEGLIO	· · · · · · · · · · · · · · · · · · ·		81	Name					
	160 MANDEVILLE PL D					to a Constitution of Mark Assertable				
			82			iress (P.O. Box Number is Not Acceptable	9)			
	ITE 3400		63			· · · · · · · · · · · · · · · · · · ·			ヿ	
BOI	CA RATON FL 33433		Ĺ	$\perp$						↲
•				84	City		FL	85 Z	lip Code	
44 5	of Castlena 607 0100	and COT 1100 Florida Pt	abutas the ab		nomed cor	coration submits this statement for the ru		channin	n ite renistered	
office or re	egi <b>s</b> tered agent, or both, in the State	of Florida. Such ch <b>ange w</b>	acutes, the ac	by	the corpora	poration submits this statement for the pu ation's board of directors. I hereby accept	the appo	intment	as registered	1
agent.1 ar	m <b>fa</b> miliar with, and accept the obliga	itions of, Section 607.0505	s, Florida Statu	utes	•					
SIGNATURE							DATE			١.
	Signature, typod or printed name of registered ages OFFICERS AND		(NOTE Registered	Ager	ni a-gnaturo requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN 12	<b>⊣</b> [
12.		DELETE		i E	<del>1</del>	ABBITIONS/CHANGES TO CIT TO	110 7110	Chang		
TITLE	PRES						,			
NAME	JORGE AMEGLIO		1.2 NAJ							8
STREET ADDRESS	22760 MANDEVILLE PL D		1	1.3 STREET ADDRESS						L
CITY-ST-ZIP	BOCA RATON FL	1.4 CI DELETE 2.1 TI			- ZIP			Chang	ge Addition	.   문
TITLE	VP	L.J DELCIE	<del></del>		1			L. CHAIN	de C vonco	' `
NAME	KRISNA KARINA AMEGLIO				1					
STREET ADORESS	CETOO IIII III DE TICCE TE O		2.3 STF	2.3 STREET ADDRESS						
CITY-ST-ZIP				2.4 CITY-ST-ZIP				Chan	no Addition	_
TITLE	—			3.1 TITLE				Chang	ge L Addition	'
NAME	L MUCIALITYON I VIDIORY		3.2 NA	3.2 NAME						
STREET ADDRESS	22760 MANDEVILLE PLACE D		3.3 STA	REET.	ADDRESS				•	
CiTY-ST-ZIP	BOCA RATON FL		3.4. CI	1Y-S	T - ZIP					4
TITLE	T DELETE 4.17			LE				Chang	ge 🔲 Addition	۱,
NAME	DORATI, SOLMORAINE		4. 2 NA	AME						
STREET ADDRESS	22760 MANDEVILLE PL D		4.3 S16	REE (	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		4.4 CIT	Y-\$1	T-21P					_
TOLE	8	DELETE	5.1 TIT	LE				Chang	ge 🔲 Addition	1
NAME	AMEGLIO, MONICA		5.2 NA	ME						
STREET ADDRESS	22760 MANDEVILLE PL D			3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		5.4 CiT	[Y-\$1	T-ZIP					
TITLE		☐ DELETE	6.1 TIT	LE				Chang	ge Addition	A
NAME			6.2 NA	ME						- }
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		1	6.4 CIT		!					
	certify that the information supplied wi	th this films do s not oue				n Section 119.07(3)(i), Florida Statutes, I f	urther ce	rtify that	the information	$\exists$

supplied with this right groups not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic suppliemental annual coporties true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an incord the receiver or thistoclompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or an arter time triviith an address. indicated on this annual report of officer or director of the corporal Block 12 or Block 13 if change).