

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90125 028 \*\*\*150.00

DOCUMENT # P94000044808

1. Corporation Name  
SUNSHINE BLOODSTOCK, INC.

Principal Place of Business

22760 MANDEVILLE PLACE, # D  
BOCA RATON FL 33433

Mailing Address

22760 MANDEVILLE PLACE, # D  
BOCA RATON FL 33433

541 Golden Harbour Dr.  
Boca Raton, FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1994

4. FEI Number

65-0518200

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

JORGE J. AMEGLIO  
22760 MANDEVILLE PL D  
SUITE 3400  
BOCA RATON FL 33433

541 Golden Harbour Dr.  
Boca Raton, FL 33432

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRES ☐ DELETE  
NAME JORGE AMEGLIO  
STREET ADDRESS 22760 MANDEVILLE PL D  
CITY-ST-ZIP BOCA RATON FL

TITLE VP ☐ DELETE  
NAME KRISNA KARINA AMEGLIO  
STREET ADDRESS 22760 MANDEVILLE PL D  
CITY-ST-ZIP BOCA RATON FL

TITLE DVP ☐ DELETE  
NAME PARENTEAU, FABIOLA  
STREET ADDRESS 22760 MANDEVILLE PLACE D  
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE  
NAME DORATI, SOLMORAINE  
STREET ADDRESS 22760 MANDEVILLE PL D  
CITY-ST-ZIP BOCA RATON FL

TITLE S ☐ DELETE  
NAME AMEGLIO, MONICA  
STREET ADDRESS 22760 MANDEVILLE PL D  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME 541 Golden Harbour Dr.  
1.3 STREET ADDRESS Boca Raton, FL 33432  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 9 '99 (561) 338-7284

CR2E034 (1/98)