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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000052256 (2)

SUNLIGHT HOLDINGS INC.

Principal Place of Business

Mailing Address

FILED Feb 23 1998 8:00am Secretary of State



9737 NW 41ST ST SUITE 237 9737 NW 41ST ST SUITE 237 MIAMI FL 33178 MIAM! FL 33178 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0504762 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Country Ζıp 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 RODRIGUEZ, YOLANDA M 782 N.W. LEJEUNE RD. **B2** Street Address (P.O. Box Number is Not Acceptable) STE. 429 83 **MIAMI FL 33126** 84 City 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 DATE Signature, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE TITLE 1.1 TITLE NAME SAKAI, MIRIAM 1.2 NAME 9715 COSTA DEL SOL BLVD STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33178 CITY - ST - ZIP 1.4 CITY - ST - ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE FERRARI, ARMANDA 22 NAME NAME 9715 COSTA DEL SOL BLVD. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 requirer 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 attla thmont with an address.

SIGNATURE:

SIGNATURE: